



Organisation details

Full name of Council or Government Body		
Principal business address		
	State	Postcode
Mailing address (if different from above)		
	State	Postcode
Telephone number		
Type of Government Body (see note 1)		
ABN		

Products required

Please open the following account(s):

Term Deposit

Amount	\$		Term (in months)	
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Everyday Access account (for everyday banking)

I/We require access to our Everyday Access account with the following:

Defence Bank Online Banking

Please communicate with me electronically

When we communicate with you electronically we will give you electronic, not paper documents. You can always change your preferences and ask that we start sending paper documents again. Please make sure you regularly check to see if we have sent you any documents or information electronically.

Signing authority

Until further notice, accounts and services operating as part of this membership requires the following signatories:

<input type="checkbox"/> One to sign	<input type="checkbox"/> Two to sign	Other
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Verifying your identity

Before we are able to open your account, Government legislation requires us to verify the identities of any signatories not already members of Defence Bank, by sighting acceptable identification documents as listed in the attached 'Verifying your identity' form.

Letter of authorisation

We also require a Letter of Authorisation on your official letterhead that contains the following:

- > The full name of the organisation
- > The principal business address of the organisation
- > The full name, position title and residential address of all persons authorised to sign on the account(s).

This authority is to be signed as follows for the appropriate body:

Local Government	Signature and authority of Council (authorised finance officer) or Minister
State Government	Signature and authority of Treasurer
Commonwealth Government	Signature and authority of the relevant Minister

Your acknowledgment

On behalf of the Entity, I hereby apply for membership of Defence Bank in accordance with its Constitution and for one share to be issued. If requested to do so under the Constitution, I agree to pay the subscription price.

On acceptance of this application I agree to be bound by the Constitution as governed by the *Corporations Act 2001 (Cth)* as altered from time to time.

I/We believe all details provided are true and correct. It is an offence under the *Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth)* to give false and misleading information.

I/We understand Defence Bank will collect personal information from me/us as required by the *Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth)* and that it may take steps to verify the personal information it has collected. I/We consent to the collection, use, handling, disclosure and verification of personal information as required by the *Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth)*. I/We understand that if I/we provide Defence Bank with incomplete or inaccurate information that Defence Bank may not be able to provide me/us with the products and services that I/we am/are seeking.

I/We agree to comply with the Terms & Conditions of the products and services as detailed in the Defence Bank Products & Services Conditions of Use and am aware that fees and charges may apply as detailed in the Defence Bank Fees and Charges Schedule. Both of these documents are available at Defence Bank branches and at defencebank.com.au. I/We agree that this authority will be in operation until I/we notify Defence Bank of any changes in writing.

Authorised person and point of contact (Signatory 1)

An authorised person has the authority to open accounts and transact on behalf of the organisation. The point of contact is authorised to receive notices, hold the share in trust, and vote.

Title	Date of birth	/	/	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Last name					
First and middle name(s)					
Residential address		State	Postcode		
Mobile		Other phone			
Email					
Position at organisation					
Are you an existing member?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Member number					
Applicant's signature					
Date		/	/		

Membership Application

Council and Government Body



Defence Bank

Authorised person (Signatory 2)

Title Date of birth / / Male Female

Last name

First and middle name(s)

Residential address State Postcode

Mobile Other phone

Email

Position at organisation

Are you an existing member? Yes No

Applicant's signature

Member number Date / /

Additional account signatories

If you require additional signatories authorised to operate your account(s), please advise their details below.

Signatory 3

Title Date of birth / / Male Female

Last name

First and middle name(s)

Residential address State Postcode

Mobile Other phone

Email

Position at organisation

Are you an existing member? Yes No

Applicant's signature

Member number Date / /

Office use only

Member number

Share account no.

Deposit account no.

Term Deposit account no.

Opening deposit details

Bank

Branch/BSB

Cash/transfer \$

Total deposit \$

Signatory 4

Title Date of birth / / Male Female

Last name

First and middle name(s)

Residential address State Postcode

Mobile Other phone

Email

Position at organisation

Are you an existing member? Yes No

Applicant's signature

Member number Date / /

Privacy information

Defence Bank complies with applicable Privacy laws. General information about how we collect, use and disclose personal information about you is set out in our Defence Bank Products and Services – Conditions of Use. Our Privacy Policy provides additional information about how we handle your personal information. Both of these documents can be viewed on our website at defencebank.com.au or are available on request. When you access our website the terms of our Website Privacy Notice also apply. When you apply for a loan product we will ask that you give us various privacy permissions.

Defence Bank Online Banking authority

Within Defence Bank Online Banking is a facility called 'Business Banking' which allows two signatories to conduct two to sign transactions and create batches to process multiple payments. If you would like to transact this way, please nominate a maximum of two people to receive passwords and complete transactions.

Signatory 1 Signatory 2 Signatory 3 Signatory 4

Notes

1. Type of Government Body
Please indicate whether this Government body is an entity or emanation, or established under legislation of the State, Territory or Commonwealth.

Identification sighted

Staff name 1

Signature

Date/ / Working alone Y N

Staff name 2

Signature

Date / /

Branch name and number

Documents provided 1 2 3 4



Verifying your identity

If you are not already a member, Government regulations require us to see original documents from the following list, before opening your account.

If it's difficult for you to attend a branch, you can send us certified copies as noted below and post to the address indicated. This form can be photocopied if required.

Documents required

You should provide sufficient documents from the list below to verify your full name and either your date of birth and/or residential address.

If your photographic identification does not have your full name and either your date of birth or residential address, you can use an additional non photographic identification document to fulfil this requirement.

At least one form of photographic identification should be provided.

Acceptable Photographic Identification

- > Driver Licence
- > Learner Permit
- > NSW Birth Card
- > Passport
- > Photo ID Public Service Employee
- > Proof of Age Card

Acceptable Non Photographic Identification (if required)

- > Current Australian Taxation Office notice of assessment
- > Birth Certificate
- > Citizenship Certificate
- > Australian Electoral Office electoral roll confirmation form
- > Current Local Government notice
- > Pension Card
- > Current electricity, gas or water bill

If you can't make it to a branch

If you are unable to visit a branch you can send us copies of your documents certified by any of the following approved certifiers. This must be completed for each applicant whose identity is being verified. The person certifying the document must have sighted the original and note the following on each page that is copied:

"This is to certify that this is a true copy of the original which I have sighted.

Date
 Name
 Signed
 Title
 Certifier Category
 Professional registration number (if applicable)"

The certifier must also complete their details and the details of the documents certified in the space provided opposite.

Certifier categories

1. Legal Practitioner
2. Judge
3. Magistrate
4. CEO of a Federal Court
5. Registrar of a Court
6. Justice of the Peace
7. Notary Public
8. Police Officer
9. Australian Consular or Diplomatic Officer
10. Officer of a Financial Institution (2 years)
11. Finance Company Officer (2 years)
12. Officer or Auth. Rep. of AFS licensee
13. Accountant (member of a recognised accounting body)

Your completed application form and certified documents can be posted to (no stamp required)

Defence Bank Limited
Reply Paid 14537
Melbourne VIC 8001

Certifier details

Last name	
First name	
Middle name(s)	
Telephone number	
Occupation	
Address (not PO Box)	
State Postcode	
Certifier category (see opposite)	Registration number (if applicable)

Documents certified (please complete for all documents certified)

Document 1

Person to whom document relates
Type of document
Name on document 1

Document 2

Person to whom document relates
Type of document
Name on document 2

Document 3

Person to whom document relates
Type of document
Name on document 3

Document 4

Person to whom document relates
Type of document
Name on document 4

Document 5

Person to whom document relates
Type of document
Name on document 5

I have examined the original documents listed above. I have endorsed each copy of the identification document as requested opposite. It is an offence under the *AML/CTF Act 2006* to give false and misleading information.

Certifier Signature
Date / /

Certifier details	
Last name	
First name	
Middle name(s)	
Telephone number	
Occupation	
Address (not PO Box)	
State	Postcode
Certifier category (see opposite)	Registration number (if applicable)

Documents certified (please complete for all documents certified)

Document 1

Person to whom document relates
Type of document
Name on document 1

Document 2

Person to whom document relates
Type of document
Name on document 2

Document 3

Person to whom document relates
Type of document
Name on document 3

Document 4

Person to whom document relates
Type of document
Name on document 4

Document 5

Person to whom document relates
Type of document
Name on document 5

I have examined the original documents listed above. I have endorsed each copy of the identification document as requested opposite. It is an offence under the *AML/CTF Act 2006* to give false and misleading information.

Certifier Signature
Date / /

Certifier details	
Last name	
First name	
Middle name(s)	
Telephone number	
Occupation	
Address (not PO Box)	
State	Postcode
Certifier category (see opposite)	Registration number (if applicable)

Documents certified (please complete for all documents certified)

Document 1

Person to whom document relates
Type of document
Name on document 1

Document 2

Person to whom document relates
Type of document
Name on document 2

Document 3

Person to whom document relates
Type of document
Name on document 3

Document 4

Person to whom document relates
Type of document
Name on document 4

Document 5

Person to whom document relates
Type of document
Name on document 5

I have examined the original documents listed above. I have endorsed each copy of the identification document as requested opposite. It is an offence under the *AML/CTF Act 2006* to give false and misleading information.

Certifier Signature
Date / /