

# Unincorporated Depositors Updated Signatories Account Operation form




How to lodge your application:

 bankvic.com.au

 13 63 73

 Reply Paid 90210, MELBOURNE VIC 8060  
PO Box 2074, Melbourne Vic 3001

 Visit a branch

To ensure each transaction is authorised we collect your name and other information. Although you are not obliged to provide this information, we can not act on your and this account without it. For further information about how we use, disclose and secure your personal information, please refer to our Privacy Policy which is available at bankvic.com.au/privacy and on request.

This form is required to be completed by a club, society or association in opening an account or changing signatories or account operation. Prior to opening an account or applying for an access service, we recommend you read our Financial Services Guide and the relevant Terms and Conditions for product information and terms and conditions of use.

**Verifying Identity:** an unincorporated association is required to provide one of the following:

- > an original or a certified copy of the rules or constitution of the club, society or association,
- > an original or a certified copy of the minutes of meeting or an extract of the minutes of meeting of the club, society or association, or
- > an original or a certified copy of an extract of the rules or constitution of the club, society or association.

**Persons Authorised to Sign:** An authorised signatory must have their identity verified by BankVic. If the authorised signatory is not an existing BankVic member or client, please ask them to complete the details below and a Membership/Client application form.

**Client number**  **Account type/s required**

Full Name of Unincorporated Entity - advise Account Name if not the same.

Full Address of principal place of administration or registered office (if any) or residential address of public officer/president/secretary/treasurer

Object/Nature of Entity. Please tick which applies.  Social Club  Tea Club  Other

Contact Person - Full name of Chairman, Secretary or Treasurer or equivalent officer

Telephone (home)  Telephone (work)

Telephone (mobile)  Email

## Authorised to Sign

**1. Full Name of Persons Authorised to Sign (BLOCK LETTERS)**

Member/Client Number  Date of birth  /  /   
Official Position   
Residential Address   
Specimen Signature (for operation of this facility)

**2. Full Name of Persons Authorised to Sign (BLOCK LETTERS)**

Member/Client Number  Date of birth  /  /   
Official Position   
Residential Address   
Specimen Signature (for operation of this facility)

**3. Full Name of Persons Authorised to Sign (BLOCK LETTERS)**

Member/Client Number  Date of birth  /  /   
Official Position   
Residential Address   
Specimen Signature (for operation of this facility)

## Authorised to Sign (continued)

### 4. Full Name of Persons Authorised to Sign (BLOCK LETTERS)

Member/Client Number Date of birth  /  / 

Official Position

Residential Address

Specimen Signature (for operation of this facility)

### 5. Full Name of Persons Authorised to Sign (BLOCK LETTERS)

Member/Client Number Date of birth  /  / 

Official Position

Residential Address

Specimen Signature (for operation of this facility)

### 6. Full Name of Persons Authorised to Sign (BLOCK LETTERS)

Member/Client Number Date of birth  /  / 

Official Position

Residential Address

Specimen Signature (for operation of this facility)

## Declaration

I/We apply to open a deposit account/s with Police Financial Services Limited ABN 33 087 651 661 AFSL 240293 ("BankVic").

I/We agree to accept the rate of deposit interest paid (either variable or fixed as applies) on such account/s, to pay all charges required by BankVic and to be bound by the constitution of BankVic as registered under the Corporations Act.

I/We state that I am/we are authorised to open the account/s in the name of the unincorporated body, and that the relevant documentation is provided herewith or has been to BankVic.

I/We acknowledge that I/we am/are authorised to provide BankVic with personal information about any other person named within this application and they may be contacted to verify that information.

I/We agree to inform that person of who BankVic is, how to contact BankVic and that they can gain access to the personal information that BankVic has been provided about them and that BankVic will use and disclose the information only in connection with establishing my/our facility/ies.

I/We consent to the collection, use, handling, disclosure and verification (on joining and from time to time) of personal information as required by the Anti-Money Laundering and Counter Terrorism-Financing Act 2006 ("AML/CTF Act").

I/We acknowledge that it is an offence under the AML/CTF Act to give false and misleading information and that the provision of incomplete or inaccurate information may mean BankVic cannot provide the products/services that I/we seek.

I/We acknowledge having received a copy of the Privacy Notice, contained within the Financial Services Guide of BankVic.

I/We authorise BankVic to use personal information contained in this application for the purpose of considering this application, and if accepted, supplying and administering the facility/ies sought (including provision to third parties involved in that supply and/or administration).

I/We agree that the signatories above are authorised to operate this/these account/s for any single transaction.

I/We declare that all information contained in this application is true and correct and I/we make this solemn declaration conscientiously believing the same to be true.

## Number of signatures required to operate this account for any single transaction.

 **1 to sign** **2 to sign**

**NB: Please provide a certified copy of minutes or extract of rules, authorising opening of account stating, how the account must be operated and who are the Authorised Signatories.**

**Signature of Authorised Signatory****Date** /  / **Signature of Authorised Signatory****Date** /  / 

## Office use only

T&C issued  
FSG issued  
F&C issued  
Online banking & password  
eStatement loaded  
RRS loaded  
Telebanking loaded  
Cheque book

Initials	Branch	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

At Call Savings Account/s opened 

Debit card ordered   
Investment Account opened   
Deposit book ordered   
AML Identity verified   
TFN loaded/exemption noted   
AML ID loaded   
TFN detached & destroyed

Initials	Branch	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name: Op no.: Completed Officer's Signature: Date: