

<input type="checkbox"/> New membership	<input type="checkbox"/> Company	Member number	<input type="text"/>
<input type="checkbox"/> Change to existing membership	<input type="checkbox"/> Association/Club		
	<input type="checkbox"/> Trust/Superannuation		

Registered name	<input type="text"/>	Contact telephone	<input type="text"/>
Trust/Superannuation name	<input type="text"/>	Mobile telephone	<input type="text"/>
Registered address	<input type="text"/>	Facsimile	<input type="text"/>
	<input type="text"/>	Email address	<input type="text"/>
	<input type="text"/> Postcode <input type="text"/>	Business name	<input type="text"/>
Mailing address	<input type="text"/>		(if applicable)
	<input type="text"/> Postcode <input type="text"/>	ACN/ABN	<input type="text"/>

required documents

- Certified copy of Certificate of Incorporation attached to Membership Application
- Memorandum (prior to 01 Jul 2000) or Constitution (post 01 Jul 2000)
- Formal Declaration of Directors as required by ASIC (Australian Securities and Investments Commission)
- Certified copy of Minutes/Trust Deed identifying the authorised person/s to open an account and the authorised person/s to operate the account

declaration

I/We advise that all information contained in this application is true and correct.
Authorised party detailed on the list of signatories overleaf may:

1. Sign, draw, accept, endorse or make arrangements with you regarding cheques, withdrawals, bills of exchange, bank cheques, periodical payments, debit authorities, and orders.
2. Place money on Term Deposit and receive payments of interest.
3. Sign or execute guarantees, indemnities or declarations

If the Credit Union, at its discretion, permits the above account to become overdrawn, liability to the Credit Union for this account shall be joint and several.

Immediate notification in writing is required when any change to the authorised signatories for the business is made. This authority shall remain in force until the Credit Union receives notice of cancellation signed in accordance with the operation of this account. The Credit Union is authorised to deduct from the account(s) within this membership any applicable Credit Union and Government charges. These are detailed in our 'Fees and Charges' brochure and/or our 'Terms and Conditions' brochure. The Credit Union is authorised to conduct any inquiries, searches or obtain information concerning the Incorporated Body which the Credit Union considers necessary to verify the eligibility of the Incorporated Body to join the Credit Union as a member.

I have read the relevant Terms and Conditions and agree to be bound by them and to be bound by the disclosure of information therein. I have also read the mecu Privacy Statement and consent to the contents therein.

authorised contact

Surname	<input type="text"/>	Home telephone	<input type="text"/>
First names	<input type="text"/>	Facsimile	<input type="text"/>
Position	<input type="text"/>		

For authorised signatories see page 2.

Signature	<input type="text"/>	Date	<input type="text"/>
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Office use only

Shares paid	<input type="text"/>	Op # and initials	<input type="text"/>	Verified	<input type="text"/>	Op # and initials	<input type="text"/>
ABN/TFN loaded	<input type="text"/>	Op # and initials	<input type="text"/>	Passcode	<input type="text"/>	Op # and initials	<input type="text"/>
Prosper loaded	<input type="text"/>	Op # and initials	<input type="text"/>	Account opened	<input type="text"/>	Op # and initials	<input type="text"/>
Card Criteria met	<input type="text"/>	Op # and initials	<input type="text"/>	Card ordered	<input type="text"/>	Op # and initials	<input type="text"/>

Checking officer #	<input type="text"/>	Name	<input type="text"/>	Date	<input type="text"/>
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tax file number (trust or superannuation)

Collection of Tax File Number information is authorised and regulated by tax laws and the Privacy Act. It is not an offence to choose not to quote your Tax File Number. If your Tax File Number is not quoted you may be charged Withholding Tax on the interest that you earn. If quoted, your Tax File Number will automatically be applied to future accounts you open on this membership unless you instruct us otherwise.

Exemptions For details about who is exempt contact the Australian Taxation Office.

For more information ask for the 'New Rules for Savings and Investments Accounts' booklet or contact the Australian Taxation Office.

Tax file number	<input type="text"/>	Exemption	<input type="text"/>
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telephone passcode application

As per the declaration above I have agreed to the passcode Terms and Conditions

<input type="text"/>

Passcode (min 4 and max 6 characters)

Office use: Destroy after recording on system.

opening an account

I/We would like to apply for a Business account (please tick)

You can also apply for the following products using their own Application forms (please tick for further information).

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Cheque Book | <input type="checkbox"/> Incentive Saver | <input type="checkbox"/> Community Access Account |
| <input type="checkbox"/> Deposit Book | <input type="checkbox"/> Internet Banking | <input type="checkbox"/> CyberSaver |
| | <input type="checkbox"/> Business Loan/Overdraft | <input type="checkbox"/> Fixed Term Deposit |

We also offer a range of personalised banking solutions (please tick for further information).

- | | | |
|---|--|---|
| <input type="checkbox"/> Property Solutions | <input type="checkbox"/> Insurance Solutions | <input type="checkbox"/> Wealth Creation & Management Solutions |
| <input type="checkbox"/> Personal Banking Solutions | <input type="checkbox"/> Travel Solutions | <input type="checkbox"/> Motoring Solutions |

authorised signatories

Method of operation Any signatory to operate All must sign At least must sign

Note: Signatories must have previously completed signatory "identification verification" with **mecu** Limited as per Government requirements, otherwise they must be completed and included with this application.

Signatory 1 Member/Sig. # Title

Surname

Given name(s) Date of birth

Home Address

Postcode

Home Tel. Bus. Tel.

Mob. Tel.

Email

Signature

Signatory 2 Member/Sig. # Title

Surname

Given name(s) Date of birth

Home Address

Postcode

Home Tel. Bus. Tel.

Mob. Tel.

Email

Signature

Signatory 3 Member/Sig. # Title

Surname

Given name(s) Date of birth

Home Address

Postcode

Home Tel. Bus. Tel.

Mob. Tel.

Email

Signature

Signatory 4 Member/Sig. # Title

Surname

Given name(s) Date of birth

Home Address

Postcode

Home Tel. Bus. Tel.

Mob. Tel.

Email

Signature

If you require more than four authorised signatories, please complete a Signatory Application form for Non Personal Memberships.

card/s required

 For the signatory(ies) above

The issue of cards is subject to approval in accordance with Credit Union policy. I/we would like to access the account using (please tick):

- | | |
|--|--|
| Signatory 1 <input type="checkbox"/> VISA Access card <input type="checkbox"/> Redicard | Signatory 2 <input type="checkbox"/> VISA Access card <input type="checkbox"/> Redicard |
| Signatory 3 <input type="checkbox"/> VISA Access card <input type="checkbox"/> Redicard | Signatory 4 <input type="checkbox"/> VISA Access card <input type="checkbox"/> Redicard |

Please note that the above Access cards do not provide access to credit. If you require a new credit card, and would like more information about our products please tick: VISA Credit Card

declaration

 Must be signed by authorised contact

- I/We apply to open this account(s) per the details completed on this application and appoint the above people as authorised signatory(ies) to this account. They may deposit or withdraw and obtain access to any prearranged continuing credit arrangement and in accordance with Section 18N (1) (ga) (ii) of the Privacy Act (1988) may seek and obtain information relating to this account(s). I/We indemnify **mecu** Limited against any claim which may arise from those acts of an authorised signatory which are within the terms of this authority. I/we have read the relevant Terms and Conditions and agree to be bound by them and to be bound by the Disclosure of Information therein. I/We have also read the **mecu** Privacy Statement and consent to the contents therein. I/We agree to pay all charges required by **mecu** in accordance with the Corporations Law.
- I/We hereby acknowledge that a Personal Identification Number (PIN) and the card/s will be mailed to my/our address(es). For security purposes they will be mailed on separate days.
- I/We acknowledge that I/we have received and read the relevant Terms and Conditions relating to the account that I/we have applied for. I/We further agree and accept to be bound by the terms and conditions as specified.

Signature

Date / /

member identification requirements

For further information regarding mecu's identification requirements under Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth) refer to "What Information we need from you" document.

To satisfy mecu's requirements in accordance with the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth) the following identification must be presented;

One Category A document, or one Category B and one Category C document, or one Category D document and one Category B or C document

category A documents

Current Australian passport (or one that has expired within last 2 years)

Current driver licence

A proof of age card which contains a photograph

category B documents

Birth Certificate or extract of birth certificate

Australian citizenship certificate

A pension card issued by Centrelink

An electoral enrolment card

A Medicare card, Department of Veteran's Affairs card or any other entitlement card issued by the Australian government

Loan document held by another Financial Institution

Mortgage records of another Financial Institution

Land Title Office Records

category C documents

Benefit notice issued by Australian, State or Territory governments within last 12 months

Tax assessment notice issued by the ATO within last 12 months

Council rates notice or utilities bill issued within last 3 months (with residential address)

category D documents

Current NSW Firearm, Security Industry or Commercial Agents and Private Inquiry Agents operator licence issued by NSW Roads and Traffic Authority

Current photo identity card for Australian Defence Forces or State Police

A current consular photo identity card issued by Department of Foreign Affairs and Trade

certification form

certifier's details

Surname	<input type="text"/>	or Business address <small>(PO Box not acceptable)</small>	<input type="text"/>
Given names	<input type="text"/>		<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr		<input type="text"/> Postcode <input type="text"/>
Occupation	<input type="text"/>	Home telephone	<input type="text"/>
Home address	<input type="text"/>	Business telephone	<input type="text"/>
	<input type="text"/>	Mobile telephone	<input type="text"/>
	<input type="text"/> Postcode <input type="text"/>	Email address <small>(personal address only)</small>	<input type="text"/>

categories of certifiers

1. Legal Practitioner
2. Judges
3. Magistrates
4. CEO of a Federal Court
5. Registrar or Deputy Registrar of a court
6. Justice of the Peace
7. Notary Public
8. Police Officer
9. Agent of Australia Post
10. Employee of Australia Post (2 years service)
11. Australian Consular or Diplomatic Officer
12. Officer of Financial Institution (2 years service)
13. Officer or authorised representative of AFS licensee
14. Accountants (members of a recognised accounting body)

Category of certifier Insert relevant number (see list above)

documents to be certified

Category of Document	<input type="checkbox"/>
Document details	
Type of document	<input type="text"/>
Person to whom it relates	<input type="text"/>
Category of Document	<input type="checkbox"/>
Document details	
Type of document	<input type="text"/>
Person to whom it relates	<input type="text"/>

certifier statement

I have examined the original identification documents listed above, and I have endorsed each copy of the identification document in the following manner:

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

Name:

Date:

Title:

Registration Number (if applicable):

Certified copies of the identification documents need to be returned to **mequ** with this form.

It is an offence under the Anti-Money Laundering and Counter Terrorism Financing Act 2006 to give false and misleading information.

Signature Date / /