

Date		Member Number <small>(Office use only)</small>	
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Additional Signatory Details <small>(as per your identity documents)</small>			
Title		Home Phone	
Surname		Daytime Phone	
Given Names		Mobile Phone	
Membership No <small>(if a member)</small>		Date of Birth	
Are you an existing LCU member?	Yes <input type="checkbox"/> Member Number _____ No <input type="checkbox"/> Please sign & date below** Please provide all additional details & ID.		
Address <small>(mandatory)</small>			
Email address			
**Signature			
	Date:		

Account Holder Details	
<p>I hereby authorise _____ whose signature & details appears above to operate on account(s) held in the name of _____</p> <p>Member Number _____</p> <p>The following access is hereby authorised:</p> <ul style="list-style-type: none"> ➤ Balance enquiries on all accounts ➤ Obtain statements on all accounts ➤ Sign on member cheques ➤ Make withdrawals on savings accounts ➤ Internet access Yes <input type="checkbox"/> No <input type="checkbox"/> <p>I/we agree to indemnify the Credit Union against any loss damage or penalty which it may incur arising out of the operation of this authority, provided that the credit union has acted within the terms of this authority. I/we declare that the credit union may act on this authority until it has received my/our written instructions to the contrary.</p>	
Member's Signature	Date
_____	_____
Member's Signature	Date
_____	_____
No. Of parties to sign Either <input type="checkbox"/> Both <input type="checkbox"/> Other _____	

Office Use Only:	
<input type="checkbox"/>	Obtain ID for signatory
<input type="checkbox"/>	Update authority on member's file
<input type="checkbox"/>	Member chequing signatory card
Note: separate form is required for each additional signatory	

Certification

The law requires us to verify your identity when you open an account, change your name or when you become a signatory to an account. You are required to provide the following identification with your application:

1. One document from List A – Photographic identification OR
2. One document from List B and one from List C

If you are mailing a copy of your identification documents, photocopies will be accepted however they must be certified by a person on the certifier categories list. The certifier will need to sight the original documents by following the instructions in the certifier endorsement section below.

All signatories to the account must be identified, please supply identification documents for signatories who are not already members.

If you are presenting original documents at the LCU office then this certifier endorsement is not required

List A – Primary Photographic Identification	
ID must be issued in Australia and must confirm full name and date of birth.	<ul style="list-style-type: none"> • Passport (current or expired within 2 years) • Drivers licence (current) – front and back • Proof of age card (current)
List B – Primary Non-Photographic Identification	
ID must be issued in Australia and must confirm first name, surname and date of birth or address.	<ul style="list-style-type: none"> • Citizenship Certificate • Centerlink pensioner concession card (current)
List C – Secondary Identification	
ID must be issued in Australia and must confirm full name and date of birth.	<ul style="list-style-type: none"> • Council rates or utilities bill eg. water, phone, electricity etc (not more than 12 months old) • Tax assessment notice (not more than 12 months old) • Proof of Government benefit eg Austudy, family tax benefit (not more than 12 months old) - may NOT be used in conjunction with Centrelink Pension Concession Card in List B
Certifier Categories	
<ol style="list-style-type: none"> 1. Person who is enrolled on the roll of the Supreme Court of a state or territory, or the High Court of Australia, as a legal practitioner 2. Judge of a court 3. Magistrate 4. Chief executive officer of a Commonwealth court 5. Registrar or deputy registrar of a court 6. Justice of the peace/Commissioner for Declarations 7. Notary public 8. Police officer 9. Agent of the Australia Postal Corporation who is in charge of an office supplying postal services to the public 	<ol style="list-style-type: none"> 10. Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public 11. Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955) 12. Officer with 2 or more continuous years of service with one or more financial institutions 13. Finance company officer with 2 or more continuous years of service with one or more finance companies 14. Officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees 15. Member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants

To be completed by the certifier (if applicable)

Details of identification	
Full name of person being identified	
Type of documents certified	
Details of certifier	
Title	
Surname	
Given name(s)	
Occupation	
Category of certifier	
Certifier endorsement	
<input type="checkbox"/> I have examined the original identification documents listed above	
<input type="checkbox"/> I have enclosed all certified copies of each document for LCU	
<input type="checkbox"/> I have endorsed each copy of the identification document with the following statement	
This is to certify that this is a true copy of the original which I have sighted. Date, name, signed, title, registration number (if applicable). It is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to give false and/or misleading information.	
Certifier Signature	Date: