

## Unincorporated Association Membership Application Form

T 02 9859 0585 F 02 9859 0555 P PO Box 1967 Macquarie Centre 2113

ΔRN 77	087 650	217 AFSI	/Australian	Credit I	icence 240807
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Date	Member Numbe (Office use only)								
Indemnity by Committee Members: In return for the Credit Union opening the account in the name of the unincorporated association, the members of the committee, whose details appear below, agree to indemnify the Credit Union for any amount by which the account is overdrawn.									
	Association/Club Details Association/Club								
Name	s Postal Address (mandatory)								
Unit / Floor / St		iness (mandatory)	Street Name						
	reet No.		Street Name						
Suburb / Town					State			Postcode	
Email address					Pho	ne			
☐ Please tick her	☐ Please tick here if the unincorporated association has written rules or a constitution and produce them (or a copy) for us to sight						ght		
List Details of	f Commi	ttee Members							
1 <sup>st</sup> Committee	e Membe	r							
Title					Home	Phone			
Surname				Daytir	Daytime Phone				
Given Names				Mobile	Mobile Phone				
Membership No (if a member)	)			Date of Birth					
Residential Address (mandatory)							Post	Code:	
Specify Position (e.g. Secretary)	n								
Signature							Date	:	
2 <sup>nd</sup> Committee	e Membe	er							
Title					Home	Phone			
Surname					Daytir	ne Phor	ne		
Given Names					Mobile	e Phone	•		
Membership No (if a member)	)				Date o	of Birth			
Residential Address (mandatory)							Post	Code:	
Specify Positio (e.g. Secretary)	n								
Signature							Date:		

## 3<sup>rd</sup> Committee Member Title **Home Phone Daytime Phone** Surname **Given Names Mobile Phone** Membership No **Date of Birth** (if a member) Residential **Address** (mandatory) **Post Code: Specify Position** (e.g. Secretary) Signature Date: 4th Committee Member Title **Home Phone** Surname **Daytime Phone Given Names Mobile Phone Membership No Date of Birth** (if a member) Residential Address (mandatory) **Post Code:** Specify Position (e.g. Secretary) Signature Date: **Unincorporated Association's Authorisation to Open Account** The Committee of the unincorporated association resolved that: 1. the association open an account with LCU. 2. the person(s) listed above are the association's office bearers who are authorised to open the account as trustees for the association and to operate on the account 3. Where there are 2 or more signatories, the account signing authority will be as follows: ☐ Any One to Sign ☐ Any Two to Sign ☐ All parties to Sign [as the Association does not have written rules or constitutions, the committee confirms that the name of the

I confirm that this is a true copy of the resolution.

.....

Yours faithfully

Chair of the Committee

.....

Please print name

Selecting Your Accounts and Access Facilities					
Choice of Account Types:	☐ On Call (S1)	☐ e*Savers (S	550) ☐ Intelligent Savers (S8)		
Choice of Access Facilities:	☐ VISA card	☐ Internet Ba	anking		
	☐ Cheque Books	☐ Deposit B	ooks		
Office Use Only:					
Date of Admission to Membership					
Record of Identification Procedure for the Unincorporated Association					
☐ Member Identification Procedure –	Unincorporated Associations carried	out			
☐ Association's name confirmed from	n Constitution				
Record of Identification Procedur	res for Committee Members who	are not Credit U	nion members:		
1st Committee Member - Mecarried out and document(s)	ember Identification Procedure produced were:	☐ 2 <sup>nd</sup> Committee Member - Member Identification Procedure carried out and document(s) produced were:			
3 <sup>rd</sup> Committee Member - Member Identification Procedure carried out and document(s) produced were:		4 <sup>th</sup> Committee Member - Member Identification Procedure carried out and document(s) produced were:			
Access Facilities Action List Confirmation					
Account Opened/Share	Debited				
Welcome Letter Sent					
Internet Banking access	s to ATO's provided		Staff Member's Signature		
eStatement register					
Visa Card Ordered	Visa Card Ordered		Operator No		
Cheque Books Ordered					
Deposit Books Ordered					

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

- 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> <li>Passport (current or expired within 2 years)</li> </ul>				
	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	Birth Certificate (full or extract)				
address.	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.	Council rates or utilities bill e.g. water, phone, electricity etc. (not more than 12 months old)				
	Tax assessment notice (not more than 12 months old)				
	Proof of Government benefit e.g. 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					
1. Person who is enrolled on the roll of the Supreme Court of a state or territory,	10. Permanent employee of the Australian Postal Corporation with 2 or more years of				
or the High Court of Australia, as a legal practitioner	continuous service who is employed in an office supplying postal services to				
2. Judge of a court	the public				
3. Magistrate	11. Australian consular officer or an Australian diplomatic officer (within the meaning of				
Chief executive officer of a Commonwealth court	the Consular Fees Act 1955)				
Registrar or deputy registrar of a court	12. Officer with 2 or more continuous years of service with one or more financial				
Justice of the peace/Commissioner for Declarations	institutions				
7. Notary public	13. Finance company officer with 2 or more continuous years of service with one or				
8. Police officer	more finance companies				
9. Agent of the Australia Postal Corporation who is in charge of an office	14. Officer with, or authorised representative of, a holder of an Australian financial				
supplying postal services to the public	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)

i o no completica ny	( uppnount)			
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				
I have examined the origi	nal identification documents listed above			
I have enclosed all certifie	d copies of each document for LCU			
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:		