



## 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

	Initials	Branch	Date
GIT&C issued	<input type="text"/>	<input type="text"/>	<input type="text"/>
FSG issued	<input type="text"/>	<input type="text"/>	<input type="text"/>
PDS F&C issued	<input type="text"/>	<input type="text"/>	<input type="text"/>
PDS Interest rates issued	<input type="text"/>	<input type="text"/>	<input type="text"/>
Online banking & password	<input type="text"/>	<input type="text"/>	<input type="text"/>
eStatement loaded	<input type="text"/>	<input type="text"/>	<input type="text"/>
PDS NCP issued	<input type="text"/>	<input type="text"/>	<input type="text"/>
PDS Investment Accounts issued	<input type="text"/>	<input type="text"/>	<input type="text"/>
PDS At-Call issued	<input type="text"/>	<input type="text"/>	<input type="text"/>
RRS loaded	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telebanking loaded	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cheque book	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Initials	Branch	Date
At Call Savings Account/s opened	<input type="text"/>	<input type="text"/>	<input type="text"/>
Debit card ordered	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment Account opened	<input type="text"/>	<input type="text"/>	<input type="text"/>
Deposit book ordered	<input type="text"/>	<input type="text"/>	<input type="text"/>
AML Identity verified	<input type="text"/>	<input type="text"/>	<input type="text"/>
TFN loaded/exemption noted	<input type="text"/>	<input type="text"/>	<input type="text"/>
AML ID loaded	<input type="text"/>	<input type="text"/>	<input type="text"/>
TFN detached & destroyed	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name:

Op no.:

Completed Officer's Signature:

Date: