

Application for a cheque book



How to lodge your application:



I WOULD LIKE TO

- Apply for a Cheque Book – \$10 fee per book applies
- Update signatories
 - change name
 - adding or removing an account holder
 - adding or removing an authority to operate

Prior to applying for an access service, we recommend you read our Fee's and charges PDS to obtain all the relevant information and terms and conditions of use.

Under the Anti-Money Laundering and Counter Terrorism-Financing Act 2006 (Cth) we are authorised to collect your name, address, date of birth and other information that helps us to know you as our customer. Although you are not obliged to provide this information, we can not provide you with the authority to act on this account without it. We collect, use and disclose this information to enable us to provide you with the products and services you have requested, newsletters and information about other products and services that may benefit you. If you are an existing member, to ensure we have accurate and current information, we ask that you complete the 'contact details' and address if this may have changed. 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.

The cheque book will be issued in the name or names of the account holder/s. If a joint account is operated, the cheque book will be issued in joint names, not individual names.

Please note all withdrawals made using this book will be allocated to your nominated account/s. All persons signing the Specimen Signatures must be currently authorised to operate the nominated account/s.

Important: Our service provider requires that a CHEQUE ACCOUNT SPECIMEN SIGNATURE FORM be completed before you receive your cheque book.

The name of the account holder/s is to be inserted in 'Account Name', each account holder and any authorised signatories must sign the form in BLACK INK ONLY and you must indicate (by ticking) the signing specifications.

Note: if your nominated account/s is currently one to sign, your cheque book signing specifications must be the same, if your nominated account/s is all parties to sign, your cheque book must be all parties to sign. The remaining sections will be completed by us.

DO NOT FOLD the CHEQUE ACCOUNT SPECIMEN SIGNATURE FORM in or through the specimen signatures.

ACKNOWLEDGEMENT

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

I 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, products and services to me for which I have applied.

Anti-Money Laundering and Counter Terrorism-Financing Act

It is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act) to give false and misleading information. I understand BankVic will collect personal information from me as required by the AML/CTF Act and that it may take steps to verify the personal information it has collected. I consent to the collection, use, handling, disclosure and verification of personal information as required by the AML/CTF Act. I understand that if I provide BankVic with incomplete or inaccurate information that BankVic may not be able to provide me with the products/services that I am seeking.

I understand that in order for the cheque book to be provided to me, it may be necessary for the personal information I provide within this application to be provided by BankVic to its service providers.

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

I acknowledge that I have read, understood and accepted the terms and conditions applying to this service by signing this application.

Member no

Account type S1 S10 S11 S20 L9

Your cheque book will be allocated to the S1, S10, S11, S20 and L9 account type under this membership.

Title Ms Miss Mrs Mr Dr

Surname

Given name/s

Is this account operated jointly Yes No

Joint account holders names

Residential address

Postcode

Mailing address

(if different from above) Postcode

Phone number

Email address

/ /

Account holder's signature Date

/ /

Joint account holder's signature Date

Office Use Only	Initial	Branch	Date
PDS NCP issued			
PDS F&C issued			
AML KYC verified			
Date ordered			
Link no.			

Operator name	Operator Signature
Operator No	