

A. Contact Details

Full Name of Preschool

Principle place of business

Registered Office
(if different from above)

ABN (if applicable)

B. Application Type

Non-Member Depositor (Applicable to organisations wishing to deposit funds).

Membership & Share (Must be incorporated. Please include \$10 for Share. Applicable to organisations wishing to deposit funds and/or apply for a loan).

C. Account Details

Account Title

Please select the account (s) required, account details and deposit amount:

Accounts	Deposit Book	Cheque Book	Initial Deposit	Term Deposits	
Day-to-Day <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	1 Year Long Service & Sick Leave Provisions <input type="checkbox"/>	Please Invest \$ <input type="text"/>
Fundraising <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	30 – 90 Day <input type="checkbox"/>	Please invest \$ <input type="text"/> for <input type="text"/> days
Petty Cash* <input type="checkbox"/>			\$ <input type="text"/>	120 – 180 Day <input type="checkbox"/>	Please invest \$ <input type="text"/> for <input type="text"/> days
Preschool Savings <input type="checkbox"/>	<input type="checkbox"/>		\$ <input type="text"/>	Access	
Long Service & Sick Leave Provisions <input type="checkbox"/>			\$ <input type="text"/>	Internet Banking (view only) <input type="checkbox"/>	
				Business Internet Banking (transactional, 2 to sign) <input type="checkbox"/>	

*Please ensure that the ATM Card Application form is completed by the card holder if required for Petty Cash account.

D. Signatories

Signatory 1 Please read and sign declaration overleaf (Section G) OFFICE USE ONLY Client No.

Title: Mr Mrs Miss Ms Marital Status: Married Single Divorced Widow Defacto

Full Name: Surname Given Names

Other names commonly known by Date of Birth / /

Residential Address Postcode

Postal Address Postcode

Home Telephone Work Telephone Mobile

Email Facsimile Occupation

Are you a foreign resident currently living in Australia? Yes No If yes, please state country of domicile (legal residence)

Additional Signatory 2 Please read and sign declaration overleaf (Section G) OFFICE USE ONLY Client No.

Title: Mr Mrs Miss Ms Marital Status: Married Single Divorced Widow Defacto

Full Name: Surname Given Names

Other names commonly known by Date of Birth / /

Residential Address Postcode

Postal Address Postcode

Home Telephone Work Telephone Mobile

Email Facsimile Occupation

Are you a foreign resident currently living in Australia? Yes No If yes, please state country of domicile (legal residence)

D. Signatories

Additional Signatory 3 Please read and sign declaration below (Section G)

OFFICE USE ONLY
Client No.

Title: Mr Mrs Miss Ms Marital Status: Married Single Divorced Widow Defacto

Full Name: Surname Given Names

Other names commonly known by Date of Birth / /

Residential Address Postcode

Postal Address Postcode

Home Telephone Work Telephone Mobile

Email Facsimile Occupation

Are you a foreign resident currently living in Australia? Yes No If yes, please state country of domicile (legal residence)

Additional Signatory 4 Please read and sign declaration below (Section G)

OFFICE USE ONLY
Client No.

Title: Mr Mrs Miss Ms Marital Status: Married Single Divorced Widow Defacto

Full Name: Surname Given Names

Other names commonly known by Date of Birth / /

Residential Address Postcode

Postal Address Postcode

Home Telephone Work Telephone Mobile

Email Facsimile Occupation

Are you a foreign resident currently living in Australia? Yes No If yes, please state country of domicile (legal residence)

E. Politically Exposed Persons

Politically Exposed Persons may be defined as: Individuals who are or have been entrusted with prominent public functions in a foreign country, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials.

With regard to the above definition, do you believe yourself to be a Politically Exposed Person?

Signatory 1 Yes No Signatory 2 Yes No Signatory 3 Yes No Signatory 4 Yes No

F. Privacy Information

The information you provide in this application form is used primarily to establish your identity for the creation of your account and/or Membership of the Credit Union. If you do not provide the information requested, we may not be able to process your application.

We collect much of this information to satisfy requirements under the Financial Transactions Reports Act 1988 (Cth). Until these requirements are satisfied, an account cannot be operated.

Our use of your personal information

We may use this information for some secondary purposes including:

- Managing the provision of services to the account holder and enforcing our rights in connection with such services;
- Marketing the services of Victoria Teachers Credit Union, including Banking, Financial Planning and Insurance services.
- Marketing any services which we provide with any of our commercial affiliates.
- Developing an understanding of the products and services the account holder may be interested in receiving from us or our subsidiaries.

Our disclosure of your personal information

We may disclose your personal information in the following circumstances:

- To our contractors and services providers (such as a mail house or commercial agent).
- To our subsidiaries.

- To an insurer who provides insurance to the account holder or to us in respect of risks relating to the account holder; and
- Where we are otherwise permitted by law.

We do not sell, rent or lease any information about you to any third party, including email listing, marketing or marketing research companies.

Information will be handled strictly in accordance with our Privacy Policy available at our website www.victeach.com.au and at branches on request. Any individual whose information we collect in this form may gain access to the information in certain circumstances.

If information is provided about any other person such as a signatory they must be advised of:

- That the information is being provided to us;
- Of our contact details;
- The reason the information is provided;
- The fact we may not approve the application without the information and the information is required under the Financial Transaction Reports Act 1988 (Cth) for the account to operate;
- The fact that the information may be disclosed as set out in this form.

By signing this application (including where you sign as signatory) you consent to the collection, use, disclosure and verification of your information as detailed above.

G. Declaration

Refer to the Financial Services Guide (FSG) and Terms and Conditions available at our branches, on our website www.victeach.com.au or by contacting us on 1300 654 822. These documents should be considered before acquiring a product. I/We declare the details on this form to be true, and apply for this Membership and any products/services in accordance with all Terms and Conditions (and any amendments or additions made to them) as detailed in the Terms and Conditions. I/We acknowledge that the Credit Union will collect information (including personal information) from me/us as required by the Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) Act 2006 (Cth) and that it may take steps to verify the information it has collected. By signing this application, I/we consent to the collection, use, handling, disclosure and verification of the information (including personal information) as required by the AML/CTF Act 2006 (Cth). I/We understand that if I/we provide the Credit Union with incomplete or inaccurate information that the Credit Union may not be able to provide me/us with the products or services that I/we are seeking. It is an offence under the AML/CTF Act 2006 (Cth) to give false and misleading information.

<p>Signatory 1</p> <p>Name <input type="text"/></p> <p>Position within Organisation <input type="text"/></p> <p>Signature <input type="text"/> Date <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Additional Signatory 3</p> <p>Name <input type="text"/></p> <p>Position within Organisation <input type="text"/></p> <p>Signature <input type="text"/> Date <input type="text"/> / <input type="text"/> / <input type="text"/></p>	<p>Additional Signatory 2</p> <p>Name <input type="text"/></p> <p>Position within Organisation <input type="text"/></p> <p>Signature <input type="text"/> Date <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Additional Signatory 4</p> <p>Name <input type="text"/></p> <p>Position within Organisation <input type="text"/></p> <p>Signature <input type="text"/> Date <input type="text"/> / <input type="text"/> / <input type="text"/></p>
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