

PARTNERSHIP DETAILS

 Name of Partnership / Registered Business Name

 ABN Account Number (Office use only)

 Business Address

 Suburb State Postcode

 Mailing Address (if different from above)

 Suburb State Postcode

 Nature of Business
ACCOUNT METHOD OF OPERATION
 One account holder to sign Two account holders to sign

ACCOUNTS AND ACCESS FACILITIES OPTIONS*

Select the account/s you wish to open:

 Access Term Deposit
 Star Saver Direct Other: _____

Select the access facilities you wish to use:

 Visa Debit Card (not available if two to sign) Online Banking

Terms and Conditions apply. Please refer to the Terms and Conditions and Schedule of Fees and Charges available on our website.

IDENTIFICATION

Please attach the following identification documents

- An original or certified copy of the partnership agreement.
- An original or certified copy of the Registration of business name.

PARTNER, SIGNATORY AND BENEFICIAL OWNER DETAILS

Instructions for completion:

- Please select whether a person is a partner, beneficial owner and/or signatory. A person can be any or all of these.
- A beneficial owner is an individual who ultimately owns or controls (directly or indirectly) the partnership. Ownership means owning more than 25% of the partnership.

Person 1 Beneficial Owner Signatory Partner

 Title Given Name(s) Other Name(s)

 Surname Date of Birth / /

 Rank (if applicable)

 Residential Address

 Suburb State Postcode

 Home Phone Work Phone

 Mobile Membership Number

 Email

 Service Number Drivers Licence Number

 Occupation

 Country of Residence

 Citizenship
Person 2 Beneficial Owner Signatory Partner

 Title Given Name(s) Other Name(s)

 Surname Date of Birth / /

 Rank (if applicable)

 Residential Address

 Suburb State Postcode

 Home Phone Work Phone

 Mobile Membership Number

 Email

 Service Number Drivers Licence Number

 Occupation

 Country of Residence

 Citizenship

Person 1 (Continued)

Are you a Tax Resident in a jurisdiction other than Australia?

Yes No

If yes, please specify the country and provide your Tax Identification Number (TIN):

Country 1 TIN

Country 2 TIN

Country 3 TIN

Person 2 (Continued)

Are you a Tax Resident in a jurisdiction other than Australia?

Yes No

If yes, please specify the country and provide your Tax Identification Number (TIN):

Country 1 TIN

Country 2 TIN

Country 3 TIN

Note: A TIN is the tax reference number issued to you by the tax office in the country where you are a resident for tax purposes. Where a country does not issue a TIN, complete an equivalent number, for example a social security, national insurance, personal identification or a resident registration number.

Are you a Politically Exposed Person (PEP)?

Yes No

Are you a Politically Exposed Person (PEP)?

Yes No

A Politically Exposed Person (PEP) is someone who performs important public functions. For example:

- A high ranking member of the armed forces (top three senior levels of each service)
- Heads of state, government and cabinet ministers
- Senior government officials
- Senior executive of state-owned organisation

A PEP is also the immediate family member of a person referred to above, including a spouse, defacto partner or child.

Person 3 Beneficial Owner Signatory Partner

Title Given Name(s) Other Name(s)

Surname Date of Birth
 / /

Rank (if applicable)

Residential Address

Suburb State Postcode

Home Phone Work Phone

Mobile Membership Number

Email

Service Number Drivers Licence Number

Occupation

Country of Residence

Citizenship

Person 4 Beneficial Owner Signatory Partner

Title Given Name(s) Other Name(s)

Surname Date of Birth
 / /

Rank (if applicable)

Residential Address

Suburb State Postcode

Home Phone Work Phone

Mobile Membership Number

Email

Service Number Drivers Licence Number

Occupation

Country of Residence

Citizenship

Person 3 (Continued)

Are you a Tax Resident in a jurisdiction other than Australia?

Yes No

If yes, please specify the country and provide your Tax Identification Number (TIN):

Country 1 TIN

Country 2 TIN

Country 3 TIN

Please refer to information above for TIN definition.

Are you a Politically Exposed Person (PEP)?

Yes No

Please refer to information above for PEP definition.

Person 4 (Continued)

Are you a Tax Resident in a jurisdiction other than Australia?

Yes No

If yes, please specify the country and provide your Tax Identification Number (TIN):

Country 1 TIN

Country 2 TIN

Country 3 TIN

Please refer to information above for TIN definition.

Are you a Politically Exposed Person (PEP)?

Yes No

Please refer to information above for PEP definition.

SIGNATORY DECLARATION

The partnership hereby applies for an account/s in Australian Military Bank Ltd. For further information about membership, please refer to our Constitution. The partnership acknowledges that it is responsible for ensuring that any persons appointed as signatories on the account conduct themselves responsibly and in accordance with the instructions of the partners.

Personal Information

I/We acknowledge and agree that Australian Military Bank and any company related to Australian Military Bank can collect and disclose my personal information as required by law.

I/We agree that if Australian Military Bank engages anyone (a Service Provider) to do something on its behalf then Australian Military Bank and the service provider may exchange with each other any personal information the service provider lawfully obtains about me/us in the course of acting on Australian Military Bank's behalf. Service providers may include but are not limited to solicitors and legal advisers, accountants and auditors, property valuers, printers and mailing services, insurers and mortgage insurers, financial planners, retirement product managers, credit card issuers, ATM/EFTPOS service providers, collection agencies, conveyancers, credit reporting agencies, and Government agencies which regulate our products and services.

Person 1 Signature

Print Name
 Date / /

Person 2 Signature

Print Name
 Date / /

Person 3 Signature

Print Name
 Date / /

Person 4 Signature

Print Name
 Date / /

OFFICE USE ONLY

<input type="checkbox"/> Partners verified	<input type="checkbox"/> Partnership name verified	<input type="checkbox"/> Shares paid by partner/s	<input type="checkbox"/> FSG supplied	<input type="checkbox"/> T&C supplied
<input type="checkbox"/> F&C supplied	<input type="checkbox"/> Privacy statement supplied	<input type="checkbox"/> Business banking enabled	<input type="checkbox"/> Signature card completed	
<input type="checkbox"/> VDC ordered	<input type="checkbox"/> Events loaded			

Staff Name and Operator Number Supervisor Signature Date / / Member Number Created