



non - personal company membership application

Dnister Ukrainian Credit Co-operative Ltd

ABN 59 087 651 394 | AFSL / Australian Credit Licence 240673 | BSB 704 235

Head Office : 912 Mt Alexander Road, Essendon VIC 3040 | PO Box 279 | P 1800 353 041 | F (03) 9370 5361

www.dnister.com.au | admin@dnister.com.au

Member Number

application for membership and shares

We hereby apply to become a member of Dnister Ukrainian Credit Co-operative Limited ABN 59 087 651 394 (Dnister) and apply for a share in the credit co-operative. We agree to pay the designated subscription price for the share and acknowledge that the value of the share (if any), and any money we have on deposit, may be used against any debt that we owe Dnister.

company structure

- | | |
|--|---|
| <input type="checkbox"/> Proprietary / Private | <input type="checkbox"/> Public (domestic listed company) |
| <input type="checkbox"/> Public Unlisted Company | <input type="checkbox"/> Majority owned subsidiary of a domestic listed company |
| <input type="checkbox"/> Foreign Company | <input type="checkbox"/> Other (please specify) _____ |

membership eligibility

- Community - a member of the Ukrainian community in Australia
- Community - a member of the Latvian community in Australia (Affinity Member)
- Other (provide details below)
-

applicant details

Full Name of Applicant

Business Trading Name (as applicable)

Registered Number - ABN, ARBN, or Unique Identifying Number (where applicable) for legal entity

Registered Number - ABN, ARBN, or Unique Identifying Number (where applicable) for business trading entity

When you open a membership with Dnister, we must collect information about you as required by law.

Entity (Full legal name if an entity)

New Member Existing Member

Entity name Member Number

Registered Number - ABN, ARBN, or Unique Identifying Number (where applicable) for legal entity

Registered address (PO Box is not acceptable)

 postcode

Principal place of business, if different to above

 postcode

Contact

Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>

Industry where the business derives its income

tax file number | exemptions

Do you wish to quote your Business Tax File Number or Exemption details at this time? Yes No

Please note that you do not have to quote/provide your Business TFN or Exemption. However if you do not, withholding tax may be deducted from interest earned. Where you do supply a TFN or Exemption it will be applied to all accounts opened for this Client Number unless you specifically request otherwise.

Tax File Number

directors

Number of Directors

For Proprietary or Private companies only, please provide details of each Director

Director 1

Surname Title
Given name/s Date of Birth / /

Director 2

Surname Title
Given name/s Date of Birth / /

Director 3

Surname Title
Given name/s Date of Birth / /

Director 4

Surname Title
Given name/s Date of Birth / /

If there are more than four Directors, please attach additional pages.

Is the company regulated? Yes No

* A company whose activities are subject to the oversight of a Commonwealth, State or Territory statutory regulator. In this context 'regulated' means subject to supervision beyond that provided by ASIC as a company registration body. Examples include Australian Financial Service Licensees (AFSL holders); Australian Credit Licensees (ACL holders); and Registrable Superannuation Entity (RSE) Licensees.

If **yes**, please specify regulator name:

Licence details (e.g. AFSL number)

If the company is a public listed company, a majority owned subsidiary of a public listed company or a regulated* company, GO TO Declaration and Consent and complete the Common Reporting Standard (CRS) and Foreign Account Tax Compliance Act (FATCA) Self Certification by Controlling Persons.

company ownership (only required for proprietary, private and public unlisted companies)

If there are more than four Directors, please attach additional pages.

Please provide details of all parties who own, through one or more shareholdings (direct or indirect), 25% or more of the issued capital of the company.

Tick this box if no individual owns 25% or more of the issued capital of the company and complete the next section

Shareholder 1 (Full legal name)

Title % Shareholding

Surname

Given names

Shareholder (Full legal name)

Title % Shareholding

Surname

Given names

Shareholder 3 (Full legal name)

Title % Shareholding

Surname

Given names

Shareholder 4 (Full legal name)

Title % Shareholding

Surname

Given names

Shareholder 5 (Full legal name if an entity)

Registered Business name

If any beneficial owner or controlling party is a company, complete a separate Membership Application form for each company.

Each shareholder listed who owns 25% or more of the issued capital must also complete the Beneficial Ownership or Control section and provide individual identification documents.

entity control (only required for proprietary, private and public unlisted companies)

This section is only required if the ownership details in the previous section cannot be determined.

Each individual listed below (in part (a) or (b)) must complete the Beneficial Ownership or Control section and provide individual identification documents.

(a) Please provide details of all parties who control 25% or more of the voting rights, including power of veto.

Individual 1 (Full legal name)

Title % Voting Rights
 Surname
 Given names

Individual 2 (Full legal name)

Title % Voting Rights
 Surname
 Given names

Individual 3 (Full legal name)

Title % Voting Rights
 Surname
 Given names

Individual 4 (Full legal name)

Title % Voting Rights
 Surname
 Given names

If unable to complete part (a) then complete part (b)

(b) Please provide details of the Senior Managing Official(s) - the 'Senior Managing Official' is an individual who makes decisions affecting a substantial part of the business (e.g. Chief Executive Officer, Financial Controller).

Officer 1 (Full legal name)

Title
 Surname
 Given names
 Position Title

Officer 2 (Full legal name)

Title
 Surname
 Given names
 Position Title

If there are more than two Senior Managing Officials, please attach additional page.

Additional Information for a Foreign Company

Name of Country where company was formed, incorporated or registered
 Name of foreign registration authority
 Foreign registration number

Please complete the following section only for foreign companies registered in Australia:

Local Agent: Full name of individual or company name:
 Residential address of local agent of company registered (PO Box is not acceptable)
 State Postcode Country

Beneficial Ownership or Control

Individual 1 (Full legal name)

New Member Existing Member Member Number
 Surname Title
 Given name/s Date of Birth / /
 Registered address (PO Box is not acceptable)
 State Postcode Country

Individual 2 (Full legal name)

New Member Existing Member Member Number
 Surname Title
 Given name/s Date of Birth / /
 Registered address (PO Box is not acceptable)
 State Postcode Country

Individual 3 (Full legal name)

New Member Existing Member Member Number

Surname Title

Given name/s Date of Birth / /

Registered address (PO Box is not acceptable)

State Postcode Country

Individual 4 (Full legal name)

New Member Existing Member Member Number

Surname Title

Given name/s Date of Birth / /

Registered address (PO Box is not acceptable)

State Postcode Country

Each party listed must provide individual identification documents.

If there are more than five Beneficial Owners or parties in Control, please attach additional page.

Common Reporting Standard (CRS) and Foreign Account Tax Compliance Act (FATCA) Self Certification

Each Controlling Person and the Applicant **MUST** complete the CRS and FATCA Self Certification.

Please complete separate forms for each party.

common reporting standard (CRS) and foreign account tax compliance act (FATCA) entity

non-resident of Australia

1. Are you a permanent resident of Australia? Yes No

If no, please advise current visa status:

2. If the entity applicant is a financial institution, is it a Non-Participating Foreign Financial Institution within the meaning of the Foreign Account Taxation Compliance Act (FATCA)? Yes No

3. Is the entity applicant a Passive Non-Financial Entity? (a) Yes No

If **Yes**, please complete a separate 'CRS and FATCA Self Certification Form' for each Controlling Person. (b)

4. Are you a citizen/Entity of a country other than Australia? Yes No

If **yes**, please list countries of citizenship:

5. Are you a US citizen/Entity or US resident for tax purposes? Yes No

If **yes**, please provide your Taxpayer Identification Number (TIN):

6. Are you a resident of any other country for tax purposes? (excluding Australia and USA) Yes No

If **yes**, please provide the name of each country, a TIN for each country or reason why you're not providing a TIN, and an explanation if reason B (below) is selected for a country:

Country	TIN	Reason ^
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

^ If **yes**, and no TIN is provided, select a reason from the following list: A – This country does not issue TINs. B – I don't have a TIN for this country (Please attach an explanation to this form). C – It is not mandatory for me to disclose my TIN for this country.

Reason for opening a membership in Australia:

Individuals and Controlling Persons of an Entity

Section A - for individuals

(Individuals - Complete Section A and answer questions 1, 4, 5, and 6)

Title Member Number

Surname Date of Birth / /

Given name/s

Registered address (PO Box is not acceptable)

State Postcode Country

Section B - for Controlling Person of entities

(Controlling Persons - Complete Sections A and B and answer all questions)

Entity name Member Number

Registered address of controlling person (PO Box is not acceptable)

State Postcode Country

(If a Controlling Person of more than one Entity Membership, provide details on a separate form.)

Please provide us with details about your residency status for taxation purposes. This will help us comply with our obligations under taxation laws including the Common Reporting Standard (CRS) and the Foreign Account Taxation Compliance Act (FATCA).

Your tax residency usually relates to the country or countries in which you have to lodge a tax return.

Complete the following for:

the membership holder; or each Controlling Person (b) of the membership holder

Please tick relevant box above.

1. Are you a permanent resident of Australia? Yes No

If no, please advise current visa status:

2. If the entity applicant is a financial institution, is it a Non-Participating Foreign Financial Institution within the meaning of the Foreign Account Taxation Compliance Act (FATCA)? Yes No

3. Is the entity applicant a Passive Non-Financial Entity?(a) Yes No

If Yes, please complete a separate 'CRS and FATCA Self Certification Form' for each Controlling Person.(b)

4. Are you a citizen/Entity of a country other than Australia? Yes No

If yes, please list countries of citizenship:

5. Are you a US citizen/Entity or US resident for tax purposes? Yes No

If yes, please provide your Taxpayer Identification Number (TIN):

(a) A Passive Non-Financial Entity (NFE) is an entity that is not an Active NFE. An Active NFE must meet certain criteria including:

- Active NFEs by reason of income and assets: Less than 50% of the NFE's gross income for the preceding calendar year or other appropriate reporting period is passive income, and less than 50% of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income. 'Passive income' would generally be considered to include the portion of gross income that consists of:
 - dividends and interest or income equivalent to interest;
 - rents and royalties, other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the NFE;
 - the excess of gains over losses from the sale or exchange of Financial Assets that gives rise to the passive income described previously;
 - the excess of gains over losses from transactions (including futures, forwards, options, and similar transactions) in any Financial Assets;
 - the excess of foreign currency gains over foreign currency losses or net income from swaps;
 - publicly traded NFEs;
 - governmental entities, international organisations, central banks or their wholly owned entities;
 - start-up NFEs; or
 - non-profit NFEs.

(b) A Controlling Person (or 'beneficial owner') generally refers to any person holding 25% or more in an entity. If no natural person is identified as exercising control of the entity, the natural person who holds the position of senior managing official (e.g. directors) will be the Controlling Person of the entity. If a settlor, trustee, protector or beneficiary of a trust membership holder they are always treated as a Controlling Person of the trust.

6. Are you a resident of any other country for tax purposes? (excluding Australia and USA) Yes No

If yes, please provide the name of each country, a TIN for each country or reason why you're not providing a TIN, and an explanation if reason B (below) is selected for a country:

Country	TIN	Reason ^
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

^ If yes, and no TIN is provided, select a reason from the following list: A – This country does not issue TINs. B – I don't have a TIN for this country (Please attach an explanation to this form). C – It is not mandatory for me to disclose my TIN for this country.

Reason for opening a membership in Australia:

If a resident for tax purposes of more than two countries, please attach a separate page for any additional countries.

Type of Controlling Person (for Entities)

Please provide the controlling person's status by ticking the appropriate box

CONTROLLING PERSON

- Control by ownership (Beneficial Owner)
 Control by other means.
 Senior Managing Official / Director

CONTROLLING PERSON OF A TRUST

- Settlor
 Trustee
 Appointer
 Beneficiary
 Other

I/We certify that information provided in this form regarding my/our tax residency status is true and correct. I/We acknowledge that my/our tax information may be provided directly or indirectly, to any relevant tax authority, including the Australian Tax Office and (if applicable) exchanged with tax authorities of another country or countries in which I/we may be resident for tax purposes pursuant to bilateral or multilateral agreements between governments to exchange financial account information. I/We undertake to advise the Co-operative within thirty days of any change in circumstances which affects my/our tax residency status or where any information contained herein is no longer correct.

Signature of individual* Date

Capacity if signing for an Individual:

Signature of Controlling Person (on behalf of an Entity)*

Title

Surname

Given names

Position title

Signature

Date

* If signing under a power of attorney, please attach a certified copy of the power of attorney.

declaration and consent

I/We declare and consent as follows:

- 1 I/We agree to be bound by Dnister's Constitution and pay all charges imposed or levied by the Co-operative in accordance with the Corporations Act and charges set from time to time in relation to the operation of my/our account/s and provision of services.
- 2 I/We have reviewed and read the General Information Terms and Conditions, relevant Terms and Conditions, Financial Services Guide and Product Disclosure Statements relating to the account/s, services and access option/s that I/we have applied for, and agree to be bound by them.
- 3 I/We have received, or agree to receive by accessing the Co-operative's website at dnister.com.au, the Co-operative's Financial Services Guide.
- 4 I/We have read, understood and agree to the Co-operative's Privacy Policy provided to me/us or as available at dnister.com.au/privacy.
- 5 I/We authorise the Co-operative to use and/or disclose my/our personal information for the purpose of considering this application, administering the products and services they supply to me/us and where reasonably necessary in doing so to third parties associated with the Co-operative and its providers.
- 6 I/We consent to the Co-operative collecting verifying, using, handling and disclosing personal information from me as required pursuant to the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 and I/we understand that it is an offence under that Act to give false and misleading information and that if I/we supply incomplete or inaccurate information the Co-operative may not be able to provide me/us with products or services.
- 7 I/We have been truthful in all information provided in this application.
- 8 For non-residents only: As a non-permanent resident of Australia, I consent to the Co-operative conducting a Visa Entitlement Verification Online enquiry and authorise the Department of Immigration and Citizenship to release the details of my residency status for the purposes only of assessing my eligibility to open an account and/or obtain finance.
- 9 I/We certify that information provided in this form regarding my/our tax residency status is true and correct. I/We acknowledge that my/our tax information may be provided directly or indirectly, to any relevant tax authority, including the Australian Tax Office and (if applicable) exchanged with tax authorities of another country or countries in which I/we may be resident for tax purposes pursuant to bilateral or multilateral agreements between governments to exchange financial account information. I/We undertake to advise the Co-operative within thirty days of any change in circumstances which affects my/our tax residency status or where any information contained herein is no longer correct.
- 10 From time to time, the Co-operative may contact me/us with information about products, services and promotions through mail, telephone, email or SMS.
- 11 I/We acknowledge that by providing our email address, I/We consent to receive all 'legal notices' by email

However, I/we acknowledge that I/we may request that you do not provide me/us with direct marketing information by opting out.

Tick here to opt out or telephone the Co-operative on 1800 353 041.

signature of membership holder member, in accordance with its constitution

signatory 1 (Full legal name)

Title

Surname

Given names

Position title

Signature

Date

signatory 2 (Full legal name)

Title

Surname

Given names

Position title

Signature

Date

signatory 3 (Full legal name)

Title

Surname

Given names

Position title

Signature

Date

signatory 4 (Full legal name)

Title

Surname

Given names

Position title

Signature

Date

self certification form INSTRUCTIONS

Please read these instructions before completing the form.

Regulations based on the OECD Common Reporting Standard (“CRS”) require Dnister to collect and report certain information about a membership holder’s tax residency. In general, you will find that tax residence is the country in which you live. Special circumstances may cause you to be resident elsewhere or resident in more than one country at the same time. If you are a U.S. citizen or tax resident under U.S. law, you should indicate that you are a U.S. tax resident on this form and you may also need to fill in an IRS W-9, W-8BEN, or W-8BENE form.

If the membership holder’s tax residence is located outside Australia, we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to the tax authorities in Australia and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

This form will remain valid unless there is a change in circumstances relating to information, such as the membership holder’s tax status or other mandatory field information that makes this form incorrect or incomplete. In that case you must notify us and provide an updated self-certification. This form is intended to request information consistent with local law requirements.

Please complete this form as you need to self-certify as an Individual, on behalf of an Entity Member or as a Controlling Person of an Entity Member.

For more information on tax residence, please consult your tax adviser or the information at the OECD automatic exchange of information portal: <http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>.

If you are filling in this form on behalf of someone else, please tell us in what capacity when you sign.

For example, as a legal guardian on behalf of a minor or under a power of attorney.

Where the Membership Holder is a Passive NFE, or an Investment Entity located in a Non-Participating Jurisdiction managed by another Financial Institution, please provide information on the natural person(s) who exercise control over the Membership Holder (individuals referred to as “Controlling Person(s)”) by completing a “CRS and FATCA self-certification form” for each Controlling Person. This information should be provided by all Investment Entities located in a Non-Participating Jurisdiction and managed by another Financial Institution.