

community benefit program payment details

The Dnister Community Benefit Program payments will be deposited annually. Please provide below your account details.

Account name Account number

primary ABN holder authorisation

I/we being the authorised signatory for ABN
agree to allow beneficiary status to be applied to the branch
Full name Full name
Signature Signature
Member no. Dated Member no. Dated

declaration, consents & disclosures

I/We acknowledge having received and read the relevant Terms and Conditions relating to this account and further agree and accept to be bound by them.
I/We agree to pay all charges required by Dnister in accordance with the Corporations Act and as detailed in Dnister's Fees and Charges schedule. If the account is overdrawn, liability to Dnister shall be joint and several.

authorised person 1

Full name
Signature
Member no. Dated

authorised person 2

Full name
Signature
Member no. Dated

The Board of Dnister Ukrainian Credit Co-operative or its delegated officers reserve the right to refuse any application to become a Nominated Community Group in the Dnister Community Benefit Program.

Office use only
This application has been assessed and it is recommended for Approval/ Declination.
Executive review Date
CEO approval Date
 ABN quoted
 Account holder signatories verified
 Primary ABN holder signatories verified
Processed by Date
Updated RBL Date