

community benefit program 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

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eligibility To become a Community Benefit Program Recipient, applicants must: be a member of Dnister Ukrainian Credit Co-operative have an Community Access account a non-profit charitable organisation have an ABN number or GST exempt status organisation details Member Number Full name of organisation Organisation type Cultural Youth Religious (please select) Education Other Brief description of organisation's core purpose Incorporated Association Unincorporated Association ABN or GST exempt status Note: If Subsidiary Organisation is applying, the Primary ABN Holder MUST also sign the application overleaf. contact details **Registered Address** Address Phone Suburb Mobile **Email address** State Postcode Website address **Postal Address** Facebook Address account name Suburb Other social media State Postcode profiles authorised person 1 - primary contact authorised person 2 Member Number Member Number Name Name Phone Phone Mobile Mobile Email Email Organisations position Organisations position

community benefit program payment details								
The Dnister Community Benefit Program payments will be deposited annually. Please provide below your account details.								
Account name Community Access			Account numb	ber SAV				
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 co	nsants & disclosures							
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 par	y all charges required by Dniste	r in accord	ance with the Co					
account is overdr	awn, liability to Dnister shall be	joint and	several.					
authorised person 1				authorised per	rson 2			
Full name				Full name				
Signature				Signature				
Member no.	Dated			Member no.		Dated		
Member no.	Dated			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. ABN quoted Account holder signatories verified							verified	
Executive review		Date			Primary ABN ho			
CEO approval		Date		Processed by		Date		

Updated RBL

Date