

eligibility

## 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 | P (03) 9377 1100

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

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			have an ABN number or GST exempt status		
organisation details					
Member Number					
Full name of organisation					
Organisation type (please select)	Cultural Education	Youth Other	Religious		
Brief description of organisation's core purpose					
ABN or GST exempt status	Incorporated Association  Note: If Subsidiary Organisation is applying		rporated Association so sign the application overleaf.		
contact details					
Registered Address					
Address		Phone			
Suburb		Mobile			
State	Postcode	Email address			
Postal Address		Website address			
Address		Facebook			
Suburb		account name			
State	Postcode	Other social media profiles			
authorised person 1 - primary contact authorised person 2					
	Member Number		Member Number		
Name		Name			
Phone		Phone			
Mobile		Mobile			
Email		Email			
Organisations pos	sition	Organisation	s 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 numl	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. Dat	ed	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		authorised per	rson 2			
Full name		Full name				
Signature		Signature				
Member no. Dat	ed	Member no.	Dated			
		ts delegated officers reserve th oup in the Dnister Community	ne right to refuse any application to become Benefit Program.			
Office use only  ABN quoted						
This application has been assessed and it is rec		al/ Declination.	Account holder signatories verified			
Executive review	Date		Primary ABN holder signatories verified			
CEO approval	Date	Processed by	Date			

Updated RBL

Date