



extended privacy request form

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

member details

Member Number Name

contact details

My details have not changed and are current

Registered address

Suburb

State Postcode

Postal address

Suburb

State Postcode

Phone

Mobile

Fax

Email

ways I will access my accounts

I confirm that I would like to limit my access to my accounts and will be viewing / transacting as follows :

- Internet Banking (including Business Banking)
- Regular Statements (including eStatements)
- Cuecard (withdraw funds)

I understand that I will require to have my Cuecard present to provide to front office staff to be able to withdraw or deposit funds from my connected account.

endorsed staff

I/we understand that access to my account/s is limited to Executive Level employees of the Co-operative. I also request that the following staff member/s to have access in the event that I require over the counter / phone assistance with my transactions.

reason for request

declaration

I/We acknowledge and understand that by requesting extended privacy on our membership we are limiting our over the counter transaction and servicing capability. I/We understand that in the event that we require assistance by means of historical information or over the counter transactions that non-endorsed staff will not be able to assist. I/We also understand that we may change this arrangement as required in writing. I/We understand that in the event where deemed required, and in line with our policies and procedures, the Co-operative may allow access from time to time to other members of staff.

Please forward the **completed and signed application to Dnister** by mail or via the fax number listed.
If you have any queries or require further assistance please contact our member services team.

signatory 1

Full name

Signature

Member no. Dated

signatory 2

Full name

Signature

Member no. Dated

Office use only (ICT Department)

Approved by Date

Processed by Date

System Admin