



term deposit instructions

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

Name	<input type="text"/>	Member Number	<input type="text"/>
Address	<input type="text"/>	Account Number	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
		Email	<input type="text"/>

term deposit details

Principal Invested	\$ <input type="text"/>	Maturity Date	<input type="text"/>
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term deposit instructions

Upon maturity, please deal with the above mentioned Term Deposit in the following manner:

<input type="checkbox"/>	Re-invest principal & interest for	<input type="text"/>	months
<input type="checkbox"/>	Re-invest principal only for	<input type="text"/>	months & deal with the interest in the following manner:
	<input type="text"/>		
<input type="checkbox"/>	Forward a cheque for the total amount to my postal address		
<input type="checkbox"/>	Issue a cheque and hold for collection		
<input type="checkbox"/>	Other - please specify	<input type="text"/>	
		<input type="text"/>	

declaration

I/We acknowledge having received and read the relevant Terms and Conditions relating to this Term Deposit in Dnister's Product Disclosure Statement 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 Member Services Fees and Charges schedule and/or Product Disclosure Statement.

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.

account owner / signatory - please circle

Full name	<input type="text"/>
Signature	<input type="text"/>
Member no.	<input type="text"/>
Dated	<input type="text"/>

account owner / signatory - please circle

Full name	<input type="text"/>
Signature	<input type="text"/>
Member no.	<input type="text"/>
Dated	<input type="text"/>

Office use only

Processed by	<input type="text"/>	Date	<input type="text"/>	Verified by	<input type="text"/>	Date	<input type="text"/>
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