



savings account 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

member details

Name Member Number

Address Home Phone

Mobile Email

select account(s)

Everyday Access --- Visa Debit --- CueCard --- Overdraft --- Cheque book --- Deposit book

Pensioner Savings --- Visa Debit --- CueCard --- Cheque book --- Deposit book

Bonus Saver ----- Deposit book

Max Saver ----- Deposit book

iSaver

My Community Saver --- Name of nominated Community Group --- Community Benefit number (Office use only)

account facilities

Internet Banking Yes No

internet banking options

Note : Accounts which require 2 or more members to sign conjointly are only eligible for balances via Online Banking.

Internal Transfers Yes No BPAY® Yes No

External Transfers Yes No Electronic Billing - BPAY View™ Yes No

eStatements

I consent to electronic delivery of statements and notices.

Yes No

Notification emails that the eStatements are available to view or download via Dnister Internet Banking will be emailed to the email address provided above unless alternative email address is provided below.

Alternative email:

operation of account (please select one)

If a method is not selected we will consider the method of operation for this account to be 'any signatory may sign'

Any signatory may sign All signatories must sign At least _____ must sign

declaration

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 and/or Product Disclosure Statement. Please note, that all mail will be forwarded to the first named signatory. For more than 2 signatories, please complete an additional application and staple to the back of this one. If the account is overdrawn, liability to Dnister shall be joint and several. I/ We consent for Dnister to disclose my/ our participation in the Dnister Community Benefit Program associated with 'My Community Saver Account'.

account owner / signatory - please circle

Full name

Signature

Member no. Dated

account owner / signatory - please circle

Full name

Signature

Member no. Dated

Office use only

Processed by Date Verified by Date Signatories added