



# Authority to Operate

Police & Nurses Credit Society Limited  
ABN 69 087 651 876  
AFSL/ACL 240701  
Level 7, 130 Stirling Street  
Perth WA 6000

PO Box 8609, Perth BC,  
Western Australia 6849  
Telephone 13 25 77  
Fax (08) 9219 7660  
www.pncs.com.au



By this authority, I \_\_\_\_\_

holding Member Number \_\_\_\_\_

nominate \_\_\_\_\_

of \_\_\_\_\_

my/our authority to operate my/our following:

Account Number \_\_\_\_\_ Account Number \_\_\_\_\_

Account Number \_\_\_\_\_ Account Number \_\_\_\_\_

In accordance with the Privacy Act 1988, I/we authorise my/our "Nominee" to obtain from Police & Nurses Credit Society Limited any information concerning those of my/our account/s which my/our Nominee has been authorised to operate. I/We declare that Police & Nurses may act upon this Authority until it has received my/our written instructions to the contrary or until my/our death/s or impairment upon which this Authority immediately ceases to have effect. I/We acknowledge that my/our Nominee is obliged to advise Police & Nurses in writing as soon as is practicable of my/our death or impairment and agrees to do so by signing this Authority. I/We or my/our estate/s agree to indemnify Police & Nurses against any loss, damage or penalty which Police & Nurses may incur from the operation of this Authority, provided that Police & Nurses has acted within its terms. Further details, including how you may access the personal information that we hold, is in our publicly available Privacy Statement.

**X**

Signature - Nominee

Name \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**X**

Signature - Member

Name \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**X**

Signature - Independent Witness

Name \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Accepted by \_\_\_\_\_

**Note:** If chequing facility is attached to an account a new signatory card will be required.

## OFFICE USE ONLY

- AML/CTF check for Nominee
- Authority Loaded
- Card ordered (if applicable)
- Member chequing card completed (if applicable)

Operator No. \_\_\_\_\_ Officer's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_