



Membership Request Form

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



Title Surname Given names

Are you currently a member with Police & Nurses? Yes No If yes, member number

If you are new to Police & Nurses or your personal details have changed since your last contact, please complete the identification details section below.

Date of birth Marital status Drivers licence no.

Home address Suburb/Town State P/Code

Postal address Suburb/Town State P/Code

Phone: Home Work Mobile

Employer Occupation

Work address Suburb/Town State P/Code

Email address

Identification password (4-10 characters, no numbers)

Which of the following encouraged you to join Police & Nurses:

Existing member Advert: TV / Press / Radio (please circle) Family / Friend Referral broker
 Referral staff member Walk in Business Development Other _____

I hereby apply for a share in the credit union to become a member of Police & Nurses Credit Society and submit the subscription price of \$10.

Yes No (optional for members with only Term Deposit accounts)

Please note that under the Constitution of Police & Nurses Credit Society Ltd only a 'qualifying member' is entitled to participate in the surplus and profits should there ever be a demutualisation of Police & Nurses. A "qualifying member" means a current shareholding member who has been a member continuously for at least two years before the demutualisation occurs. This is consistent with the principle of ensuring that those shareholding members who have contributed to the success of Police & Nurses are the ones who participate in a distribution (if any) of its reserves.

I declare that the answers in the foregoing statements are true and complete in every way and agree to be bound by the Terms and Conditions for any account or service. I understand that if I become a member the Constitution of Police & Nurses Credit Society Ltd will bind me.

The personal information you supply us will be held and used by us to consider your application for membership and to provide to you our products and services. This may include maintaining records of your membership, compliance with legislative and regulatory requirements, conducting market or member satisfaction research, and to provide you with information about other products and services. Without the information we request we may be unable to provide the products and services you require.

You agree that we may disclose your personal information to our agents and contractors whom we engage to assist us in providing our products and services as otherwise allowed under the Privacy Act 1988, or as consented to by you. Further details, including how you may access the personal information that we hold is in our publicly available Privacy Statement.

Please note that all accounts and signatory information provided to Police & Nurses on this form shall apply to all accounts linked to you unless otherwise specified. Proof of identity as per the Anti-Money Laundering & Counter Terrorism Financing Act 2006 will be required.

I consent to receiving information about the company, products and services in the following ways (you may opt out at any time by contacting us on 13 25 77 or visiting a Police & Nurses branch):

Email Phone Post SMS

Date _____ / _____ / _____

Signature

Tax File Number

Quotation is not compulsory but tax may be taken out of your interest if you do not quote your tax file number or provide evidence of exemption.

OFFICE USE ONLY

Customer Identification & Verification (this section is recommended for use by BDOs & Mobile Consultants)

Verify customer's full name and either their date of birth or residential address.

Primary photo/non-photo identification document

Secondary identification document

Type of document		
Name on document		
Document number		
Date of birth		
Residential address		
Date of issue		
Expiry date		
Place/Office of issue		

Officer Name _____ Signature _____

CHECKLIST

Staff are to check each box to denote information has been provided to member or action taken.

Disclosure Documents Issued

Financial Services Guide (all new memberships)

Savings Accounts

Savings _____

Savings and Transaction Products Product Disclosure Statement

Savings Account Schedule of Access, Fees & Charges,

Investments and Savings Rates Schedule

Advised Netlink Product Disclosure Statement (**Note:** The Product Disclosure Statement for Netlink will be made available online and the facility will not be made available until the member reads and acknowledges the receipt of the PDS).

Cards ATM Card VISA Debit Card

Issued Card Product Disclosure Statement

Issued Card Conditions of Use

Loan Accounts

Loans _____

Method of disclosure to the member Handed Posted Emailed

Administration

Identification achieved by: Original document/s Certified copies & Certification Form

Membership opened

Tax file number

Direct marketing consent recorded in Phoenix

Account/s opened

Netlink activated (if applicable)

Opening deposits processed (if applicable)

Card request completed

Card ordered

Shares paid (optional for members with only Terms Deposit/s accounts)

Officer/Op number _____ Signature _____ Date _____