

# Business Membership Application Form

## 1. MEMBERSHIP DETAILS

Membership confers the rights and obligations under the Credit Union's Constitution - available on request.

Entity Name

ABN / ACN / Identifying Number

Principal Place of Business

Suburb/Town

State

Postcode

Registered Address

Suburb/Town

State

Postcode

Mailing Address

Suburb/Town

State

Postcode

Telephone Number

Email Address

Country in which Business/Trust was established

Nature of Business activities

How many employees in your business? (If applicable)

How did you hear about us?

## Account Types

Select the account type(s) you would like to open:

☐

**S55** - Business Cash Hub

☐ Cheque book required

☐

**S45** - Super Cash Hub

☐ Cheque book required

☐

**S2** - GST/Tax Saver

☐

**Term Deposit** (complete term deposit application, available on our website)

## Statements

By default, the entity will receive a regular paper statement. Signatories who wish to see this Business account on their personal statement, or wish to view this Business account as an online statement within Internet Banking, please contact the Member Services team.

## Tax File Number

Entity Tax File Number

Quoting your tax file number is not compulsory but withholding tax may be deducted from your interest if you do not quote your number or your exemption. After input, this record will be de-identified.

☐

or exempt from lodging a tax return. Please provide reason

## 2. MEMBER TYPE

- ☐ Company - please complete sections 3, 4, 5, and 8
- ☐ Association - please complete sections 3, 4, 7 and 8
- ☐ Formal trust/Superannuation Fund - please complete sections 3, 4, 6 and 8
- ☐ Formal Partnership - please complete sections 3 and 8

## 3. AUTHORITY TO OPERATE

Please list each signatory you authorise to operate on this Business Account. Where there are 2 or more signatories, the account signing authority will be as follows:

☐ Any one to sign    ☐ All parties to sign    ☐ Other (please specify)

**Title**      **Full Name - Person 1**

Are you an existing First Option member?

☐ Yes    Member No.

Please tick which is required:

- ☐ VISA debit card (S55 only)    ☐ Statement  
☐ Internet Banking    ☐ PhoneLink

☐ No    Complete Account Signatory Application Form  
(Account Signatories only)

**Signature**

**Date**

**Title**      **Full Name - Person 2**

Are you an existing First Option member?

☐ Yes    Member No.

Please tick which is required:

- ☐ VISA debit card (S55 only)    ☐ Statement  
☐ Internet Banking    ☐ PhoneLink

☐ No    Complete Account Signatory Application Form  
(Account Signatories only)

**Signature**

**Date**

**Title**      **Full Name - Person 3**

Are you an existing First Option member?

☐ Yes    Member No.

Please tick which is required:

- ☐ VISA debit card (S55 only)    ☐ Statement  
☐ Internet Banking    ☐ PhoneLink

☐ No    Complete Account Signatory Application Form  
(Account Signatories only)

**Signature**

**Date**

**Title**      **Full Name - Person 4**

Are you an existing First Option member?

☐ Yes    Member No.

Please tick which is required:

- ☐ VISA debit card (S55 only)    ☐ Statement  
☐ Internet Banking    ☐ PhoneLink

☐ No    Complete Account Signatory Application Form  
(Account Signatories only)

**Signature**

**Date**

If more signatories need to be listed, please make a copy of this page and attach to the application.

#### 4. BENEFICIAL OWNERS

Please list all beneficiaries of the entity. A beneficial owner is a person owning 25% or more of the Company, Association or Trust (please list each beneficiary as listed in the trust deed). If there are more than 2 beneficial owners, please make a copy of this page and attach to the application.

<b>Title</b>	<b>Full Name - Person 1</b>	<b>Date of Birth</b>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Residential Address</b>	<b>Suburb/Town</b>	<b>State</b>	<b>Postcode</b>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

<b>Title</b>	<b>Full Name - Person 2</b>	<b>Date of Birth</b>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Residential Address</b>	<b>Suburb/Town</b>	<b>State</b>	<b>Postcode</b>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

#### Politically Exposed Person Declaration

A Politically Exposed Person (PEP) is an individual or immediate family member, or close associate of the individual who hold, or has held a prominent public position either domestically or internationally in a Government or an international organisation. For example heads of state, country or government, senior politicians, government or political party officials, judicial or military officials, directors or senior executives of international organisations.

With regard to the above definition, do any of the abovementioned beneficiaries fall under the definition of a Politically Exposed Person?

☐ Yes, please list name(s)

<input type="text"/>	<input type="text"/>
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☐ No

#### 5. COMPANY

Is the company

☐ Proprietary (Pty Ltd) ☐ Public (Unlisted) ☐ Public (Listed)

Please list all Directors to the Company. If the Company has more than 4 Directors, please make a copy of this page and attach to the application.

<b>Title</b>	<b>Full Name - Person 1</b>	<b>Title</b>	<b>Full Name - Person 2</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Residential Address</b>		<b>Residential Address</b>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	

<b>Title</b>	<b>Full Name - Person 3</b>	<b>Title</b>	<b>Full Name - Person 4</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Residential Address</b>		<b>Residential Address</b>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	

## 6. FORMAL TRUST

### Type of Trust

☐ Discretionary Trust ☐ Other (please specify)

Details of class of beneficiaries (if applicable)

*Note: Family Trusts allow the trustee to distribute income to family members differentially, from year to year, at the trustee's discretion. These family members are referred to in the 'class of beneficiaries' in the trust deed. If unsure, check with your accountant.*

### Appointor

*Note: The Appointor is the individual who holds the power to appoint or remove the trustee. If unsure please check with your Accountant.*

Title	Full Name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Residential Address	Suburb/Town	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Postcode
		<input type="text"/>

### Settlor of the trust (discretionary trusts only)

*Note: The Settlor is the individual who "settles" a discretionary trust, by providing the settled sum to the Trustee (or Trustees). (Only complete if the settlor is living and if the settled sum is less than \$10,000.)*

Title	Full name - Person 1 or Company
<input type="text"/>	<input type="text"/>

### Trustees

Please list details of all Trustees (If more space is required, please make a copy of this page and attach it with this application).

Title	Full name - Person 1 or Company		
<input type="text"/>	<input type="text"/>		
Residential Address	Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you an existing First Option member?

☐ Yes Member No.  ☐ No Complete Identification Verification Form

Title	Full name - Person 2 or Company		
<input type="text"/>	<input type="text"/>		
Residential Address	Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you an existing First Option member?

☐ Yes Member No.  ☐ No Complete Identification Verification Form

## 7. UNINCORPORATED AND INCORPORATED ASSOCIATIONS

**Full name of Chairperson**

Suburb/Town

**Residential Address**

State

Postcode

**Full name of Secretary**

Suburb/Town

**Residential Address**

State

Postcode

**Full name of Treasurer (or equivalent officer)**

Suburb/Town

**Residential Address**

State

Postcode

## 8. AUTHORITY TO OPEN AN ACCOUNT

The Directors/Partners/Governing Committee of the Business/Trust resolved that:

1. The Business/Trust became a member of, and open an account with, First Option Credit Union;
2. The person(s) specified as signatories be authorised to sign on the Business/Trust's behalf on any of the Business/Trust's accounts with First Option Credit Union; and
3. We have disclosed details about the Business/Trust's governing persons/ partners / directors as well as any and all beneficial owners (if applicable).

☐

**I confirm that this is a true copy of the resolution**

**Signature**

**Please print name**

**Tel** 1300 855 675  
**Fax** 1800 356 675  
**Email** [info@firstoptioncu.com.au](mailto:info@firstoptioncu.com.au)  
**Web** [www.firstoptioncu.com.au](http://www.firstoptioncu.com.au)

**VIC Mail:**  
PO Box 7063, St Kilda Road VIC 8004  
**NSW Mail:**  
Locked Bag 7000, Granville NSW 2142

**firstoption**  
CREDIT UNION

## CHECKLIST

Please ensure that all relevant sections of the form are completed in full. Complete checklist below for relevant Business type/Trust.

### Company:

- ☐ For account signatories that are non-Members - completed Account Signatory Applications and Identity Verification forms (available from our website)
- ☐ Details of beneficiaries completed
- ☐ Details of all directors completed

### Trust:

- ☐ For account signatories that are non-Members - completed Account Signatory Applications and Identity Verification forms (available from our website)
- ☐ For trustees that are non-Members - completed Identity Verification forms (available from our website)
- ☐ Certified copy of the Trust/Superannuation Deed attached

### Association:

- ☐ For account signatories that are non-Members - completed Account Signatory Applications and Identity Verification forms (available from our website)
- ☐ If opening an Unincorporated Association membership (i.e. ABC Social Club) please provide a Certified Copy of the Rules/Constitution/Member Minutes

### Formal Partnership:

- ☐ For account signatories that are non-Members - completed Account Signatory Applications and Identity Verification forms (available from our website)

## PRIVACY NOTIFICATION

### Outline

This Privacy Notification sets out:

- why we collect and use your information
- how we collect and use your information
- what happens if you do not wish to provide us with information
- whether we provide your information to other entities
- the availability of our Privacy Policy
- when we can disclose certain information to a credit reporting body
- how a credit reporting body may use your information
- whether we disclose your information overseas and if so, where
- how you can contact us

### Collection and use of your information

We collect and use your information to:

- provide you with membership benefits, financial services and products or information about those benefits, services and products
- provide you with information about financial services and products from 3rd parties we have arrangements with
- conduct market and demographic research in relation to the products and services you and other members acquire from us
- establish your eligibility for a loan
- establish your capacity to repay a loan

The law also requires us to collect and hold your information:

- for our register of members under the Corporations Act
- to verify your identity under the AML/CTF Act
- to assess your capacity to pay a loan under the National Consumer Credit Protection Act

### How we collect your information

We will collect information about you and your financial position from you directly.

When you apply for a loan, we will collect information about your credit history from a credit reporting body.

### How you can access your information

You can request access to your information at any time by contacting First Option.

### What if you do not wish to provide us with information?

If you do not give us the information we require, we may not be able to admit you to membership or provide you with the financial service or product you have applied for.

### Providing your information to credit reporting bodies

The credit reporting body we disclose information to is Equifax.

If you do not make your repayments when they fall due or commit a serious credit infringement, we may disclose this

to Equifax. Any information we provide to Equifax will be included in reports provided to credit providers to help them to assess your creditworthiness.

You can ask Equifax not to use your information for pre-screening of direct marketing by a credit provider. You can also ask them not to use or disclose your information if you reasonably believe that you have been or are likely to be a victim of fraud.

Equifax's policy on the management of information is available at [www.equifax.com](http://www.equifax.com). You can contact Equifax by phone on 13 83 32.

### Providing your information to other entities

We disclose your information to other entities. We only disclose your information as needed and as required by law. We can disclose your information to:

- entities that verify identity
- lawyers, conveyancers, accountants, brokers and agents who represent you
- contractors for statement printing and mail out, card and cheque production, market research or direct marketing
- affiliated product and service suppliers to provide information to you about their services and products
- credit reporting bodies and other financial institutions that have previously lent to you
- persons you use as referees
- for property loans - property valuers and insurers
- mortgage documentation service
- trustee and manager of securitised loan programs
- any proposed guarantor of a loan
- debt collection agencies, lawyers, process servers
- our auditors

We will also disclose your information to law enforcement and government agencies as required by law

### Our Privacy Policy

Our Privacy Policy is available at [www.firstoptioncu.com.au](http://www.firstoptioncu.com.au). The Policy contains information about:

- how you can access your information
- how you can seek correction of your information
- how you make a complaint and how we will deal with it
- in what overseas countries we are likely to disclose your information
- how we manage your credit-related personal information

### Disclosure to overseas recipients

We do not currently disclose your information to overseas recipients.

### How to contact us

You can contact us by:

Tel: 1300 855 675

Fax: 1800 356 675

Email: [info@firstoption.com.au](mailto:info@firstoption.com.au)