Membership Request Form for Business/Estate/Trust Accounts (non-personal)



Police & Nurses Limited (P&N Bank) ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701 Level 6, 556 Wellington Street, Perth WA 6000 | PO Box 8609, Perth BC, Western Australia 6849 T 13 25 77 | F (08) 9219 7660 | W pnbank.com.au

Member number					
Organisation type	Company	Estate	Society	Tr	ust Super
Trading as	Partnership	☐ Incorporated b	oody Unincorpo	rated body	
MEMBERSHIP	APPLICATION				
If returning this by m	nail, please contact P&	N Bank regarding supp	porting documentat	ion & signatory	identification requirements
Certified copies of re	equested documents to	o be provided by applic	cant/s (or original do	ocuments prese	ented in person).
Company/Business/I	Estate/Trust name				
ABN		AC	N		
Type/Nature of busir	ess				
		ny)			
Contact details (Prin	nary contact)				
Phone: Work hours		Aft	er hours		
Fax		Em	nail		
Principal place of bu	siness (PO Box is not	acceptable)			
		Sul	burb	State	Postcode
Postal address					
		Sul	burb	State	Postcode
Registered office ad	dress (company only)				
					Postcode
Which of the following	ng encouraged you to j	oin P&N:			
existing memberreferral staff me		/ / press / radio (please	, <u> </u>	nily/friend k in	referral broker other

BUSINESS TAX FILE NUMBER

Quotation is not compulsory but tax may be taken out of the applicant's interest if the tax file number is not quoted or evidence of exemption is not provided. Please ensure the organisation's tax file number is quoted to avoid withholding tax being levied. Business tax file number

SECTION 1 – PERSONS AUTHORISED TO OPERATE

Note: an Authority to Operate Form must be completed for any person who is not the registered owner or trustee in addition to the below details.

Signatory 1	Signatory 2			
Position in organisation (Director/Trustee/ Settlor etc.)	Position in organisation (Director/Trustee/ Settlor etc.)			
Member number	Member number			
First name				
Surname				
Date of birth				
Residential address (PO Box is not acceptable)	Residential address (PO Box is not acceptable)			
Suburb State Postcode				
Country (if not Australia)	Country (if not Australia)			
Signatory 3	Signatory 4			
Position in organisation (Director/Trustee/ Settlor etc.)	Position in organisation (Director/Trustee/ Settlor etc.)			
Member number	Member number			
First name				
Surname				
Date of birth				
Residential address (PO Box is not acceptable)	Residential address (PO Box is not acceptable)			
Suburb State Postcode	Suburb State Postcode			
Country (if not Australia)	Country (if not Australia)			
SECTION 2 – DETAILS OF DIRECTORS (Number of Directors				
Director 1	Director 2			
First name				
Surname	Surname			
Date of birth	Date of birth			
Suburb State Postcode	Suburb State Postcode			
Country (if not Australia)				
Director 3	Director 4			
First name	First name			
Surname	Surname			
Date of birth				
Residential address (PO Box is not acceptable)	Residential address (PO Box is not acceptable)			
Suburb State Postcode				
Country (if not Australia)	Country (if not Australia)			

(If there are more directors please provide details on an additional sheet)

Secretaries Detail	is				
First name			Residential address	s (PO Box is not acc	eptable)
Surname					
Date of Birth			Suburb	State	Postcode
			Country (if not Aust	tralia)	
SECTION 3 - B	ENEFICIAL OV	VNER/SHAREHO	OLDERS		
(Please provide deta	ils of ALL sharehold	ers who own 25% or	more of the issued shares	s in the company, bo	oth individual and entity)
Shareholder 1			Shareholder 2		
First name			First name		
Surname Date of Birth					
Residential address			Residential address		
Suburb	State	Postcode	Suburb	State	Postcode
Country (if not Austr	ralia)		Country (if not Aust	tralia)	
Shareholder 3			Shareholder 4		
First name			First name		
Surname Date of Birth					
Residential address			Residential address		
	(1 0 Box 13 Hot doo	optable)		7 (1 0 Box 15 Hot doc	reptusie,
Suburb	State	Postcode	Suburb	State	Postcode
Country (if not Austr	ralia)		Country (if not Aust	tralia)	
SECTION 4 - S	ETTLOR/APPO	INTOR (TRUST	ONLY)		
Settlor/Appointor :		,	Settlor/Appointor	2	
• •					
First nameSurname					
Date of Birth		Date of Birth			
Suburb	State	Postcode	Suburb	State	Postcode
SECTION 5 - S	OURCE OF WE	EALTH AND FUN	NDS		
Please provide det		_	important pieces of inf	formation in relati	on to how your
	•		the business come fror	n e.g. property sa	les, superannuation
investments, accu				2.0. Proporty 30	, esperannadion
			oming from in order to		
uansactions that i	nay be made? e	.g. business day to	o day takings, from a te	enn deposit heid a	at another Bank etc)

PRIVACY STATEMENT AND CONSENT

This Statement explains how P&N Bank and its related bodies corporate ("we/us/our") collect, use and disclose personal information and send communications about products and services. Personal information is any information or opinion about an identified individual, or an individual who is reasonably identifiable. Your personal information includes information such as your name, contact details and your interactions with us (such as transactions on your account). It may also include information about you that is publicly available.

Providing information about another person

When you give us personal information about another person, you represent that you are authorised to do so and agree to inform that person of the contents of this Statement as it relates to them.

Purposes for which we collect and use personal information

We collect your personal information to: assess and process a membership request, an application for any product or service that you make or for which you are a signatory, or representative; manage our relationship with you; for internal processes including product development, strategic planning, risk management and pricing; to meet our obligations in relation to external payments, credit reporting systems, government bodies and our funding arrangements; comply with regulatory requirements; identify and (unless you tell us not to) tell you about products and services (including products and services of third parties) that may interest you. The information we collect about you may also include sensitive information where we collect it for a specific purpose. If you use our website we may collect information about your location or activity (including whether you have accessed third party sites) to customise your experience. We also collect your information to identify you in accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. We are permitted to collect, but you are not required to provide, your Tax File Number under the Taxation Administration Act 1953 and the Income Tax Assessment Act 1936. You consent to us collecting your personal information (including sensitive information) for the purpose described above. Without your information we may not be able to provide you with the services or products you require. Unless you tell us not to, by accepting the terms of this Statement, you consent to us using your personal information (including information collected from others) to advertise or promote products, services, or business or investment opportunities we think may interest you, including by:

- contacting you by telephone (notwithstanding registration at any time of your telephone number on the Do Not Call Register) or writing to you; and
- sending commercial electronic messages to any electronic address which you provide or for which you are responsible (and in that regard you warrant that you have authority, either as or on behalf of the electronic account holder, to provide this consent and agree that until you withdraw your consent by providing written notice to us or using an unsubscribe facility in the message, we may continue to send commercial electronic messages to those addresses).

You can ask us not to contact you about products and services and not to disclose your information to others for that purpose by calling us on 13 25 77.

Exchange of personal information and transfer overseas

P&N Bank will be returned to me/us.

We may exchange personal information about you with: other persons to verify that it is correct (for example with your employers); our related bodies corporate, assignees, agents, contractors and external advisers; organisations for verifying your identity; your agents, advisers, executors, administrators, trustees, beneficiaries (if you are a trustee), guardians or attorneys; law enforcement, regulatory and government bodies; anyone who introduces you to us; reward program providers, third parties providing fraud detection services; payment system operators; your and our insurers or prospective insurers and their underwriters; any person we consider necessary to execute your instructions; persons with whom you make a joint application for a product or service provided by us; any financial institution to or from which a payment is made in relation to any account you have or operate; financial institutions, and debt collecting agencies. We may disclose your personal information to our systems support and administrative service providers located overseas. The countries to which this information may be disclosed may include the Philippines, Netherlands and the United Kingdom.

Further Information

You have rights to access and seek correction of personal information we hold about you, and our Privacy Policy contains information about how you may do this, how you may make a complaint about a breach of your privacy rights, and how we deal with complaints. You can also contact the Member Advocate on 13 25 77 or at info@pnbank.com.au See our Privacy Policy on our website pnbank.com.au for more information

Declaration

By ticking this box and signing below I/we declare that the information in this application is true and correct and agree to be bound by the Terms and Conditions for any account, product or service.
By ticking this box and signing below I/we agree to the terms of this Privacy Statement and Consent to Use Your Information, and I/we consent and agree to P&N Bank collecting, using, exchanging and transferring overseas, my/our personal information as described and as set out in P&N Bank Privacy Policy.
By ticking this box and signing below I/we hereby apply for a share to become a member of P&N Bank. I/we acknowledge that a call may be made for payment of the share subscription price of \$10 by P&N Bank at any time and I/we will have 14 days to satisfy that call.
I /we acknowledge and agree that P&N Bank may deduct \$10 from my/our P&N Bank account to satisfy any call. I/we acknowledge that if I/we attempt to pay the subscription price for my share before a call is made any funds received by

Declaration is to be signed by 2 Directors or 1 Direct 1 Director/Secretary.	ctor with 1 Secretary, or by Sole Director/Secretary if Company has only
X	х
Signature 1	Signature 2
Name	Name
Date	Date
Tax Residency	
	ency status for taxation purposes. This will help us comply with ou mon Reporting Standard (CRS) and Foreign Account Tax Compliance
	tion, Authorised Deposit Taking Institution or an Insurance Company Yes (refer to Retail Operations) No (continue)
Passive entity requirements Does the entity earn more than 50% of its gross in than 50% of its assets to generate such income?	come from interest, rent, dividends, distributions or royalties; OR use more Yes (continue) No (go to declaration)
	regimes is any natural person who exerts control over the entity. This ies and anyone person who owns 25% or more in the entity, whethe
Controlling Person 1	Controlling Person 2
First name	First name
Surname	Surname
Controlling Person 3	Controlling Person 4
First name	First name
Surname	
Each Controlling Person will be required to provide se	elf-certification as part of their membership application.
	rovided is true and correct and I/we will as soon as practicable es that cause any information here to become incomplete or
X	Х
Signature 1	Signature 2
Name	Name

Legal Owner/s of entity only to sign

Note: Information is requested about tax residency of other countries in order to help us comply with taxation laws including CRS and FACTA, non-resident withholding tax and Anti-Money Laundering identification.

Date _____

ADMINISTRATION

Savings accounts opened method of operation					
	one to sign	two to sign	oth	ner	
	one to sign	two to sign	oth	ner	
	one to sign	two to sign		ner	
Investments opened method of opera			_		
		two to sign	oth	nor.	
	one to sign			ner	
	one to sign	two to sign		ner	
Investment account disclosure record	ed on Term D	eposit Application/R	ollover In	structions Form yes no	
OFFICE USE ONLY					
Cards ordered (only available if "one to sig	gn")	Visa Debit Card			
Disclosure documents issued: Financial Services Guide Savings Accounts & Account Access Channels - Terms & Conditions Investment & Savings Rates Schedule Visa Debit Card Terms & Conditions Advise Internet Banking Product Disclosure Statement is available online Note: Internet Banking is only available to accounts that are one to sign. Method of disclosure handed posted emailed					
Actions checklist:					
Membership opened					
Application supporting documents:					
Company Extract Australian Business/Company Registration Certificate Confirm Business has a "registered" status Business Name Extract Will/Probate/Admin Copy of rules/constitution Trust Deeds Copy of minutes Death Certificate Other All documents used to verify information scanned to the Vault					
FATCA:					
Passive entity status recorded on business membership FATCA status recorded for any U.S Controlling Persons					
Name	o .			Branch stamp	
Position	Operator Numb	oer		Sanon stamp	
Signature					
Documentation checked and opening of membership approved by: Branch stamp					
Name					
Position		er			
Signature	Date				

This form must be signed by the staff member responsible for the completion of the checklist prior to it being scanned to the Vault.

