



term deposit 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 569 Essendon North 3041 | P 1800 353 041
dnister.com.au | admin@dnister.com.au

member details

Name	<input type="text"/>	Member Number	<input type="text"/>
Address	<input type="text"/>	Account Number	<input type="text"/>
Email	<input type="text"/>	Phone	<input type="text"/>

term of investment

Term	<input type="text"/>	Interest Rate	<input type="text"/> % p.a.	Amount	\$ <input type="text"/>
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interest instructions

Please select your interest payment options

Interest frequency	<input type="checkbox"/>	Maturity	<input type="checkbox"/>	Monthly
Interest payments	<input type="checkbox"/>	Re-invest (Capitalise)		
	<input type="checkbox"/>	Transfer to Dnister account	SAV	<input type="text"/>
	<input type="checkbox"/>	Other	<input type="text"/>	
	<input type="text"/>			
	<input type="text"/>			

method of account operation

<input type="checkbox"/>	Either may sign	<input type="checkbox"/>	Both must sign	<input type="checkbox"/>	At least ____ must sign
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declaration

I/We acknowledge having received and read the relevant Terms and Conditions relating to this Investment 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.

account owner / signatory - please circle

Full name	<input type="text"/>
Signature	<input type="text"/>
Member no.	<input type="text"/>
Dated	<input type="text"/>

account owner / signatory - please circle

Full name	<input type="text"/>
Signature	<input type="text"/>
Member no.	<input type="text"/>
Dated	<input type="text"/>

Please forward **the completed and signed** application to Dnister Ukrainian Credit Co-operative Ltd
PO Box 569, Essendon North, VIC 3041, by email admin@dnister.com.au

office use only

Processed by	<input type="text"/>	Date	<input type="text"/>
Verified by	<input type="text"/>	Date	<input type="text"/>
TFN loaded	<input type="checkbox"/>		

tax file number & exemptions

You are not required to give us you TFN, however if you don't, we are required to withhold tax (at the highest marginal rate plus Medicare levy) from any interest paid to you. If you have already supplied your TFN for this membership, we will automatically link it to this new account, unless you advise us in writing not to.

Tax File Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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