

Treasury Deposits Application Form

(Association/ Cooperative/
Government Body)



INSTRUCTIONS FOR COMPLETING THE TREASURY DEPOSITS APPLICATION FORM

What type of organisation is this application for?	Please complete the following sections and follow all instructions closely.	Staff to complete:
Association or Cooperative	Sections A, B, D, F & H	Sections F (ID Verification) & I
Government Body	Sections A, C, D & H	Sections F (ID Verification) & I

Please complete this form in **BLOCK LETTERS** using black or blue ink.
Please note that all fields in each section are mandatory unless specified otherwise.

The identity of a member representing an Unincorporated Association needs to be verified.

Identity verification can be achieved by presenting the originals of either:

- One document from Category 1; or
- One document from Category 2 AND one document from Category 3.

Where the name on the document differs from the name used by the person in relation to the account further documentation will be requested.
If this form cannot be signed in the presence of a Bank representative, the Treasury Identity Verification Form must be completed.

CATEGORY 1	CATEGORY 2	CATEGORY 3
<ul style="list-style-type: none"> • An Australian Driver's License or Learner's Permit (current) • A Proof of Age card (current and government issued) • An Australian Passport (current or expired within the last 2 years) • A Foreign Passport (current and with a certified English translation) 	<ul style="list-style-type: none"> • An Australian Birth Certificate or Birth Extract • An Australian Citizenship Certificate • A Pension card (current) 	<ul style="list-style-type: none"> • A Utility Bill or Council Rates Notice (less than 3 months old) • A Taxation Notice or Centrelink Statement (less than 12 months old)

The following organisations must provide originals or certified copies of the supporting documentation as stated below:

Association (one document from the list below) or Cooperative (one document from the list below)

- the rules or constitution of the association or cooperative;
- the minutes of meeting of the association or cooperative;
- any register maintained by the cooperative.

Government body

- the authority in writing on official letterhead containing the name, address and Authorised Signatory details (Commonwealth government – authority from Reserve Bank; State government – authority from the Treasurer; Local government – authority from the council/Minister).

If you have any questions on completing this form, please phone Rural Bank Treasury on 1300 660 115 during normal business hours, Central Standard Time.

Treasury Deposits Application Form



A FACILITY DETAILS

FACILITY TITLE (e.g. ABC Pty Ltd)

FULL NAME OF THE ORGANISATION

FULL NAME OF THE TRUST

ACN/ABN/ARBN

PRIMARY BUSINESS ACTIVITIES

REGISTERED BUSINESS NAME (if any)

DATE BUSINESS NAME REGISTERED

REGISTERED BUSINESS NUMBER

PRINCIPAL PLACE OF BUSINESS (PO Box not acceptable)

STATE

POSTCODE

POSTAL ADDRESS (IF DIFFERENT FROM PRINCIPAL PLACE OF BUSINESS)

STATE

POSTCODE

PHONE NUMBER

FAX

EMAIL ADDRESS (if any)

MAIN CONTACT NAME

TITLE

GIVEN NAME(S)

SURNAME

B ASSOCIATION AND COOPERATIVE DETAILS

Please select the organisation type and complete the relevant sections.

INCORPORATED ASSOCIATION

UNINCORPORATED ASSOCIATION

REGISTERED COOPERATIVE

FULL NAME OF THE CHAIRMAN

FULL NAME OF THE SECRETARY

FULL NAME OF THE TREASURER

Please complete the following for an Incorporated Association or a Registered Cooperative:

ANY UNIQUE IDENTIFYING NUMBER ISSUED BY THE RELEVANT REGISTRATION BODY

Please complete section F for a member representing the Unincorporated Association (if different to the Chairman, Secretary or Treasurer).

C AUSTRALIAN GOVERNMENT BODY DETAILS

Please indicate whether the Government body is an entity or an emanation or is established under legislation of the State, Territory or Commonwealth.

D PRODUCT DETAILS

Please select the product(s) you require.

Authorised products

11AM DEPOSIT

TREASURY TERM DEPOSIT

NEGOTIABLE CERTIFICATE OF DEPOSIT

Agreed methods of dealing

TELEPHONE

FACSIMILE

EMAIL

Please complete section H for each Authorised Operator who is authorised to submit instructions to RB Treasury.

Please provide settlement and confirmation details:

Option 1

AUSTRACLEAR CODE 1

AUSTRACLEAR CODE 2

AUSTRACLEAR CODE 3

Option 2

NAME OF FINANCIAL INSTITUTION

BSB

ACCOUNT NUMBER

ACCOUNT NAME

Option 3

CORPORATE CHEQUE MADE PAYABLE TO THE FACILITY HOLDER

HEAD OFFICE USE ONLY

RB DEALER (insert name)

COUNTERPARTY INPUT

TFN/ABN INPUT

SSI INPUT

CONTACT DETAILS INPUT

INPUT VERIFIED (Treasury Settlements)

Please complete section H for either the Chairman, Secretary or Treasurer, or for a member representing the Unincorporated Association (if different to the Chairman, Secretary or Treasurer).

E FEES AND CHARGES THAT MAY APPLY TO TREASURY DEPOSIT PRODUCTS

RB may charge fees and charges in relation to Treasury Deposit products. The current fees and charges are:

- company search fee (for each company search we undertake prior to issuing a Treasury Deposit product);
- additional statement request fee (for each copy of an additional statement you request – applicable only for 11am Deposit as other Treasury Deposit products do not have statements);
- audit request fee (for each audit certificate you request from us);
- administration fee (for miscellaneous requests) – the amount of this fee will vary depending on the time it takes us to deal with the request.

The company search fee is payable before we undertake the company search. Other fees are payable at the time your request is made, or later if we agree.

Details of these fees and charges can be found in the Treasury Deposits Terms and Conditions.

F ASSOCIATED INDIVIDUAL'S DETAILS

ASSOCIATED INDIVIDUAL

TITLE	GIVEN NAME(S)	COUNTRY OF RESIDENCE (if not Australia)
<input type="text"/>	<input type="text"/>	<input type="text"/>
SURNAME		CONTACT NUMBER
<input type="text"/>		(<input type="text"/>)
OTHER KNOWN NAME (if any)	DATE OF BIRTH	OCCUPATION
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
RESIDENTIAL ADDRESS (PO Box not acceptable)		
<input type="text"/>		
<input type="text"/>		
STATE	POSTCODE	
<input type="text"/>	<input type="text"/>	

STAFF USE ONLY – ID Verification for a member representing an Unincorporated Association.

ASSOCIATED INDIVIDUAL

Existing Customer Only

CUSTOMER NUMBER	(and/or) ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>

NEW CUSTOMER ONLY

DOCUMENT 1

TYPE OF DOCUMENT	
<input type="text"/>	
DOCUMENT NUMBER	PLACE OF ISSUE
<input type="text"/>	<input type="text"/>
DATE OF ISSUE	EXPIRY DATE
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

DOCUMENT 2

TYPE OF DOCUMENT	
<input type="text"/>	
DOCUMENT NUMBER	PLACE OF ISSUE
<input type="text"/>	<input type="text"/>
DATE OF ISSUE	EXPIRY DATE
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

G PRIVACY ACT CONSENT AND DISCLOSURE STATEMENT

Each person signing this form consents to their personal information being:

- collected by Rural Bank (RB) and our sales agents, including the Elders Group of companies, the Bendigo and Adelaide Bank Group of companies and contracted business originators;
- disclosed to our sales agents, entities related to RB including the Elders Group of companies, the Bendigo and Adelaide Bank Group of companies, service providers we engage to carry out functions on our behalf and relevant government authorities; and
- used:
 - to provide the financial products and services requested;
 - for administrative and operational tasks such as management reporting, research, product development and planning;
 - to comply with relevant Government Acts or Regulations; and
 - by RB, the Elders Group of companies and the Bendigo and Adelaide Bank Group of companies for marketing purposes (including marketing by phone and electronic means).

RB may not be able to provide the products and services requested if the information is not provided.

Each person can find out more information about RB and obtain a copy of our Privacy Statement by visiting ruralbank.com.au.

Each person can also access their personal information or opt out of receiving marketing material by contacting RB during normal business hours by phoning **1300 660 115** or emailing **service@ruralbank.com.au**. RB, Elders Group of companies, Bendigo and Adelaide Bank Group, contracted business originators, service providers and sales agents are all bound by the Privacy Act (Cth) (1988) and the National Privacy Principles.

H DECLARATION AND EXECUTION

If you are a new customer, you must sign below in the presence of a Bank representative or if you cannot do this, please complete the Identity Verification form.

As an applicant and/or authorised operator,

1. I/we consent to the collection, disclosure and use of my/our personal information as detailed in the Privacy Act Consent and Disclosure Statement.
2. I/we acknowledge receiving the Financial Services Guide and agree to be bound by the Treasury Deposits Terms and Conditions.
3. I/we declare that the information provided in this application is true and complete and that ERB will use it to determine whether or not to open a facility.
4. I/we understand that unless otherwise indicated in this application any one facility operator (where there is more than one) can operate the facility without the others' permission and that I am/we are responsible for transactions conducted accordingly.
5. I/we acknowledge that the information provided herein will be used to subscribe to the products detailed in this form and ERB is obliged to only complete trades where the terms of the trade fully comply with the details provided.
6. I/we acknowledge that all persons held out as a representative of the counterparty have been duly appointed and retain their appointment until such time as ERB is advised otherwise.

Warning: It is an offence under Part 12 of the Anti-Money Laundering and Counter-Terrorism Act 2006 to provide false or misleading information, provide a false or misleading document or forge a document for use in an applicant identification procedure.

SIGNING AUTHORITY (please tick one box only)

Any one or two of the applicants or authorised operators (if any) can operate this facility.

APPLICANT OR AUTHORISED OPERATOR 1

SIGNATURE

DATE

FULL NAME

AUTHORISED OPERATOR'S POSITION

APPLICANT OR AUTHORISED OPERATOR 2

SIGNATURE

DATE

FULL NAME

AUTHORISED OPERATOR'S POSITION

APPLICANT OR AUTHORISED OPERATOR 3

SIGNATURE

DATE

FULL NAME

AUTHORISED OPERATOR'S POSITION

APPLICANT OR AUTHORISED OPERATOR 4

SIGNATURE

DATE

FULL NAME

AUTHORISED OPERATOR'S POSITION

BROKER STAMP OR AGENT NUMBER

I CHECKING OFFICER DECLARATION

I declare that I have:

1. Checked the application is completed correctly;
2. Verified any existing customer's signature;
3. Verified any new applicant's name and either date of birth and residential address against the documents detailed in section F; and
4. Witnessed any new applicant's signature.

CHECKING OFFICER SIGNATURE

DATE

CHECKING OFFICER NAME

AGENT NUMBER (if applicable)