

Fitzroy & Carlton
**Community
 Credit Co-op**



APPLICATION FOR MEMBERSHIP

Date _____

Member Number

Prime

Joint

Surname _____

First Name/s _____

Residential Address _____

Postal Address _____

Telephone Number _____

Date of Birth _____

Licence No.
 (or other proof of ID) _____

Pension/Benefit CRN _____

Income Source _____

No. of Dependents _____

Interpreter Needed? _____

How did you know of the Fitzroy & Carlton Community Credit Co-operative Ltd?

Do you require any services of the Credit Co-operative?

I/We hereby apply to join your Credit Co-operative as a full member and include \$2.00 payment for one Share and \$8.00 Entrance Fee (\$10.00 in total).

I am / I am not over the age of fifteen (15) years.

 Prime Applicant Signature

 Joint Applicant Signature

 Staff Witness Signature

 Staff Witness Signature

UCI:

CASH TRANSACTION REPORTS ACT VERIFICATION STATEMENT (s.20)

PART A: ACCOUNT

1. Account Title <input type="text" value="S1 – S99, I1 – I12, L1 – L99"/>	2. Account Number <input type="text"/>
3. Account is in the name of: - A person <input type="checkbox"/> - A body corporate <input type="checkbox"/> <i>attach a copy of certificate of incorporation</i> - A business <input type="checkbox"/> <i>attach a copy of certificate of registration of business name or application for name</i> - An association (unincorporated) <input type="checkbox"/> <i>attach a copy of document authorising signatories to sign for association</i>	4. Is account held in trust? <input type="text" value="Yes"/> <input type="text" value="No"/> If yes, Name(s) of Beneficiary(s) _____ _____ _____

PART B: SIGNATORY(S) TO ACCOUNT

Signatory 1	Signatory 2 (where applicable)
5. Surname _____	5. Surname _____
6. Given names _____ Other Names commonly known by (if any) _____	6. Given names _____ Other Names commonly known by (if any) _____
7. Residential Address _____ _____	7. Residential Address _____ _____
8. This statement must be: - Accompanied with documents required in accordance with the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth), or <input type="checkbox"/> - Accompanied by an identification reference s.21 for the above signatory, unless <input type="checkbox"/> - The signatory has already been identified in respect of another account with this institution (details as under.) <input type="checkbox"/>	8. This statement must be: - Accompanied with documents required in accordance with the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth), or <input type="checkbox"/> - Accompanied by an identification reference s.21 for the above signatory, unless <input type="checkbox"/> - The signatory has already been identified in respect of another account with this institution (details as under.) <input type="checkbox"/>
Account Title <input type="text" value="S1 – S99, I1 – I12, L1 – L99"/>	Account Title <input type="text" value="S1 – S99, I1 – I12, L1 – L99"/>
Account Number <input type="text"/>	Account Number <input type="text"/>

PART C: SIGNATURE One Signatory to the Account (Part B) to complete this statement

Surname

Given Names

I believe all details given to be true.

Signature

NOTE: It is an offence under the Cash Transaction Reports Act 1988 to make a false or misleading statement.