



Please send your completed form back by one of the following methods:
Email: info@bankfirst.com.au
Mail: **Bank First Reply Paid 338 Camberwell VIC 3124**

OFFICE USE ONLY	
Member No.	<input type="text"/>
Branch Code	<input type="text"/>

Victoria Teachers Limited | ABN 44 087 651 769

A. Contact Details

Full Name of Preschool	<input type="text"/>			
Principle place of business	<input type="text"/>			
Registered office address	<input type="text"/>			
Principle place of administration	<input type="text"/>			
ABN (if applicable)	<input type="text"/>	Registration Number	<input type="text"/>	
Postal Address	<input type="text"/>			
Telephone	<input type="text"/>	Email	<input type="text"/>	
Purpose or Objective of the Association	<input type="text"/>			
Intended purpose of Membership	<input type="checkbox"/> Everyday	<input type="checkbox"/> Business Banking	<input type="checkbox"/> Investment	<input type="checkbox"/> Other - please specify <input type="text"/>
Nomination of a representative to act on the Preschool's behalf at Bank First meetings	<input type="text"/>			

The Preschool will be a shareholder of Bank First. There is no cost for the share.

B. Account Details

Please select the account(s) required, account details and deposit amount:

Accounts	Deposit Book	Cheque Book	Initial Deposits
<input type="checkbox"/> Day-to-Day	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
<input type="checkbox"/> Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
<input type="checkbox"/> Petty Cash			\$ <input type="text"/>
<input type="checkbox"/> Preschool Savings	<input type="checkbox"/>		\$ <input type="text"/>
<input type="checkbox"/> Long Service & Sick Leave Provisions			\$ <input type="text"/>

Term Deposits		Access
<input type="checkbox"/> Long Service & Sick Leave Provisions	Please Invest \$ <input type="text"/>	<input type="checkbox"/> Business Internet Banking
<input type="checkbox"/> 30 - 90 Day	Please Invest \$ <input type="text"/> for <input type="text"/> days	
<input type="checkbox"/> 120 - 180 Day	Please Invest \$ <input type="text"/> for <input type="text"/> days	

C. Signatories

Signatory 1		OFFICE USE ONLY
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/>		Client No. <input type="text"/>
Full Name: Surname <input type="text"/>		
Given Names <input type="text"/>	Date of Birth <input type="text"/>	
Residential Address <input type="text"/>	Postcode <input type="text"/>	
Postal Address <input type="text"/>	Postcode <input type="text"/>	
Home Telephone <input type="text"/>	Work Telephone <input type="text"/>	Mobile <input type="text"/>
Email <input type="text"/>	Fax <input type="text"/>	Occupation <input type="text"/>
Are you a permanent resident of Australia? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you a citizen of any country other than Australia? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list all countries of citizenship <input type="text"/>	
Are you a resident for tax purposes of another country? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please state all countries where tax is payable <input type="text"/>	

If you ticked Yes, please ensure the Self Certification - Overseas Residency for Tax Purposes form is also completed

C. Signatories (continued)

Signatory 2

OFFICE USE ONLY

Title: Mr Mrs Miss Ms Mx Client No. Full Name: Surname Given Names Date of Birth Residential Address Postcode Postal Address Postcode Home Telephone Work Telephone Mobile Email Fax Occupation Are you a permanent resident of Australia? Yes No Are you a citizen of any country other than Australia? Yes No If yes, please list all countries of citizenship Are you a resident for tax purposes of another country? Yes No If yes, please state all countries where tax is payable **If you ticked Yes, please ensure the Self Certification - Overseas Residency for Tax Purposes form is also completed**

Signatory 3

OFFICE USE ONLY

Title: Mr Mrs Miss Ms Mx Client No. Full Name: Surname Given Names Date of Birth Residential Address Postcode Postal Address Postcode Home Telephone Work Telephone Mobile Email Fax Occupation Are you a permanent resident of Australia? Yes No Are you a citizen of any country other than Australia? Yes No If yes, please list all countries of citizenship Are you a resident for tax purposes of another country? Yes No If yes, please state all countries where tax is payable **If you ticked Yes, please ensure the Self Certification - Overseas Residency for Tax Purposes form is also completed**

D. Consent for Electronic Verification of Identity

The AML/CTF Act requires Bank First to verify your identity prior to banking with us. To verify your identity electronically, the Bank requires your consent for us to provide personal details including your name, address and date of birth to one of our credit reporting bodies including Vix Verify or Equifax who will match those details against those held on their database. The Bank will then receive an overall assessment from the credit reporting body of the matching data which will be used solely for the purpose of verifying your identity, in accordance with the AML/CTF Act. The Bank may also contact the issuer or official record holder (directly or via an approved third party) to verify document details using the Government's Document Verification Service (DVS).

An alternative means of verifying your identity is available using a documentation-based procedure if you choose not to consent to Electronic Verification. Please tick the box below confirming your authority and consent to electronic verification of your identity.

Signatory 1 Yes Signatory 2 Yes Signatory 3 Yes

E. Politically Exposed Persons

A Politically Exposed Person is an individual or immediate family member, or close associate of the individual who holds, or has held a prominent public position either domestically or internationally in a government body or an international organisation. For example heads of state, country or government, senior politicians, government or political party officials, judicial or military officials, senior foreign representative, ambassador or high commissioner, central bank governor, directors or senior executives of any state enterprise or of international organisations. With regard to the above definition, do you believe yourself, a member of your immediate family or a close associate, to be a Politically Exposed Person?

Signatory 1 Yes No Signatory 2 Yes No Signatory 3 Yes No

F. Governing Committee Information

Please state Full Name of each of the officers (or equivalent officer in each case):

Chairperson Does the Chairperson own or control 25% or more of the preschool? Yes No Secretary Does the Secretary own or control 25% or more of the preschool? Yes No Treasurer Does the Treasurer own or control 25% or more of the preschool? Yes No

G. Beneficial Ownership

Australia's Anti-Money Laundering & Counter-Terrorism Financing laws require the Bank to collect and verify information about the beneficial ownership and control of its non-individual customers. A beneficial owner is any individual who owns or controls 25% or more of a legal entity.

'Ownership' means ownership (either directly or indirectly) of 25% or more of an entity.

'Control' includes as a result of, or by means of, trusts, agreements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating policies.

'Senior Managing Official' means an individual who makes decisions affecting a substantial part of the preschool's operations or who has the capacity to significantly affect the financial standing of the preschool.

Please state full name and position of the Senior Managing Official of the preschool

Other than the governing committee, does any individual own or control 25% or more of the preschool or have entitlement to exercise 25% or more of the voting rights or entitlement to 25% or more of property of preschool upon dissolution? Yes No

If Yes, Please state full name and position of any individual who owns 25% or more of the preschool.

(Please note that any beneficial owner of the preschool who is not a signatory on the account must also complete and sign a Beneficial Ownership and control form).

H. Important Information About Your Privacy

What information can be used and disclosed?

The Privacy Act allows **Victoria Teachers Limited trading as Bank First** ('we', 'us', 'our') ACN **087 651 769** to use and disclose personal information we collect about you for the primary purpose for which it was collected and for related secondary purposes that you would reasonably expect.

When and why do we collect information?

Before, during or after the provision of our products and services to you, we may collect your personal information for the purpose of providing products and services to you and managing our business. Some laws require us to obtain personal information about you before we provide you with particular products or services or process particular transactions in which you are involved e.g. laws relating to anti-money laundering and counter-terrorism financing, taxation and real property transactions.

If you do not provide us with the personal information that we request, we may not be able to consider your application or provide products and services.

Who can give or collect information?

For the purpose of providing products and services to you and managing our business, we may give your personal information to:

- External service providers to us, such as organisations which we use to verify your identity, payment systems operators, mailing houses and research consultants;
- Insurers and re-insurers, where insurance is provided in connection with our services to you;
- Superannuation funds, where superannuation services are provided to you;
- Debt collecting agencies, if you have not repaid a loan as required;
- Our professional advisors, such as accountants, lawyers and auditors;
- Other credit providers and their professional advisors;
- Your representative, for example, lawyer, mortgage broker, financial advisor or attorney, as authorised by you; or
- Government and regulatory authorities, if required or authorised by law.

Disclosure to overseas recipients

We may disclose your personal information to overseas recipients. The countries in which such recipients are likely to be located include the United States of America and countries within Europe. However, if we do disclose information to overseas recipients, we will do so on the basis that the information will be used only for the purposes set out in this document.

Personal information about third parties

You represent that, if at any time you supply us with personal information about another person (for example a referee), you are authorised to do so; and you agree to inform that person about who we are, how to contact us, how to obtain our Privacy Policy, and that we will use and disclose their personal information for the purposes set out in this Permission and that they can gain access to that information.

Security, privacy policy, and marketing preferences

Security

We take all reasonable steps to ensure that all your personal information held by us (on our website or otherwise), is protected from misuse, interference and loss, and from unauthorised access, disclosure or modification.

Privacy Policy

Our Privacy Policy located on our website at bankfirst.com.au provides additional information about how we handle your personal information. It explains how you can ask for access to personal information we hold about you and seek correction of that information. It also explains how you can complain about a breach of the Privacy Act or the Privacy (Credit Reporting) Code, and how we will deal with your complaint. We will give you a copy of our Privacy Policy on request.

Marketing preferences

We may use information about you to inform you about products and services (unless you ask us not to). We may do so even if you are on the Do Not Call Register.

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I. Signatures

Governing Committee & signatories declaration & signature

Note: This application must be completed and signed by at least one member of the Governing Committee and all signatories.

I declare the details on this form to be true and correct. I acknowledge that the Bank will collect information (including personal information) from me as required by the Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) Act 2006 (Cth) and that it may take steps to verify the information it has collected.

Signatory 1

Name

Signature Date

Signatory 2

Name

Signature Date

Signatory 3

Name

Signature Date

Refer to the Financial Services Guide (FSG) and Terms and Conditions brochures available at our branches, on our website bankfirst.com.au or by contacting us on **1300 654 822**. These documents should be considered before acquiring a product.