

Company Membership Application

For a New Business Membership



Branch	Date / /	Membership no.
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About your business (PLEASE PRINT IN BLOCK LETTERS)

Registered company name (as registered by ASIC)	A.C.N.
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Is the company registered by ASIC as a Proprietary (Pty) Public

Country where company was established	<input style="width:95%;" type="text"/>
If not Australia, please supply ARBN	<input style="width:95%;" type="text"/>
Main business Activity	<input style="width:95%;" type="text"/>

Registered address	State	Pcode
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Principal place of business	State	Pcode
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
(please only complete if different from the registered address above. Please note PO Box will not be accepted)		

Previous business address	State	Pcode
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
(If less than 12 months at current address)		

Mailing address	State	Pcode
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Name of main contact	
Contact details	
Work phone:	Mobile:
Fax number:	Email:
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

ABN/Tax file number/Exemption
<input style="width:95%;" type="text"/>
(If not completed, you may be taxed on interest received)

Details of company directors (PTY only)

Number of directors	Please provide full names of each director below
<input style="width:95%;" type="text"/>	
First name(s)	Surname
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Your accounts

When you join Australian Mutual Bank Ltd (AMBL) a Premier Business account is automatically made available to you.

- Please indicate if you require any of these additional facilities**
- A VISA debit card
 - Internet banking facilities (please complete page three (5) to activate this facility)

- Please indicate if you are interested in**
- Cash management account Bank guarantee Merchant facilities Commercial overdrafts / loans
 - iNet business saver account Investment services Savings motivator account

Instructions for completion

Please list each beneficial owner (a person owning 25% or more of the company or controls the membership, directly or indirectly), each director and each signatory to the account. Please tick the relevant box in each disclosure which indicates the person's status as a beneficial owner, director or a signatory.

Title	Given name	Middle	Surname
D.O.B	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status (optional)	Membership no: <input type="text"/>
Other names commonly known by <input type="text"/>			
Residential address <input type="text"/>			
Postal address <input type="text"/>			
Home phone	Work phone	Mobile	
Drivers licence no.	Email address <input type="text"/>		
Are you a:	<input type="checkbox"/> Beneficial owner*	<input type="checkbox"/> Director	<input type="checkbox"/> Signatory
			Specimen signature if a signatory: <input type="text"/>
Are you an Australian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what is your country of citizenship? <input type="text"/>	
Are you an Australian resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
So we are able to comply with our obligations under taxation laws including the Common Reporting Standard (CRS) and Foreign Account Tax Compliance Act (FATCA), we need to ask you details about your residency status for taxation purposes. Please complete the following:			
Is Australia your sole tax residence? <input type="checkbox"/> Yes <input type="checkbox"/> No – A separate declaration will be provided for you to complete			
Are you a Politically Exposed Person (PEP) <input type="checkbox"/> No <input type="checkbox"/> Yes			
(A PEP is someone who has been entrusted with a prominent public position or function in a government body, organisation, international organisation or is a family member or close associate of the PEP. E.g. Heads of State Government, Senior Politicians, Judicial or Military Officials.)			
Title	Given name	Middle	Surname
D.O.B	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status (optional)	Membership no: <input type="text"/>
Other names commonly known by <input type="text"/>			
Residential address <input type="text"/>			
Postal address <input type="text"/>			
Home phone	Work phone	Mobile	
Drivers licence no.	Email address <input type="text"/>		
Are you a	<input type="checkbox"/> Beneficial owner*	<input type="checkbox"/> Director	<input type="checkbox"/> Signatory
			Specimen signature if a signatory: <input type="text"/>
Are you an Australian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what is your country of citizenship? <input type="text"/>	
Are you an Australian resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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Other names commonly known by <input type="text"/>			
Residential address <input type="text"/>			
Postal address <input type="text"/>			
Home phone	Work phone	Mobile	
Drivers licence no.	Email address <input type="text"/>		
Are you a	<input type="checkbox"/> Beneficial owner*	<input type="checkbox"/> Director	<input type="checkbox"/> Signatory
			Specimen signature if a signatory: <input type="text"/>
Are you an Australian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what is your country of citizenship? <input type="text"/>	
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* Beneficial owner is a person who ultimately owns (25% or more shares) or controls the membership, directly or indirectly.

Company's authorisation to open account

The directors of the company resolved that:

- 1 The company become a member of, and open an account with AMBL.
- 2 The person(s) specified as signatories be authorised to sign on the company member's behalf on any of the company's accounts with AMBL
- 3 Where there are 2 or more signatories, the account signing authority will be as follows.

Any one to sign Any two to sign All parties to sign

I confirm that this is a true copy of the resolution.

I have disclosed details about the company's directors and beneficial owners as above.

Yours faithfully

Director

Please print name

Details of all companies listed as shareholders

(ATTACH ADDITIONAL IF REQUIRED)

Provide details of all companies who own more than 25% of the issued shares in the company or controls the membership, directly or indirectly.

Company name: _____ A.C.N: _____
Where is the company founded: _____ Percentage of ownership: _____

Company name: _____ A.C.N: _____
Where is the company founded: _____ Percentage of ownership: _____

Company name: _____ A.C.N: _____
Where is the company founded: _____ Percentage of ownership: _____

Are any of the beneficiary companies organised or incorporated in the U.S? Yes No

Are there any U.S. persons or U.S. tax residents that are directly or indirectly, beneficial owners or controlling persons of the company? Yes No

If yes to either of the above and you are not an existing AMBL member, please complete the FACTA Declaration Form available on our website.

The on-boarding process will not be completed until the FATCA Declaration Form is collected.

Keeping in touch

From time to time we may contact you or send you information on our products and services (and any special offers)

If you do not wish to receive such information, please tick the box below.

Declaration

I/We apply for membership and one (\$0.00) share per membership in Australian Mutual Bank Ltd (AMBL). I/We acknowledge receipt of, and agree to be bound by the Rules and Constitution of AMBL.

I/We declare that:

- All statements made in this declaration are, to the best of my/our knowledge and belief, correct and complete.
- Should any of the information I/we have provided in this declaration become incorrect, I/we will inform AMBL as soon as possible.

I/We understand that collection of our Tax File Number or Exemption is authorized and their use and disclosure are strictly, regulated by tax law and the Privacy Act 1988. I/We understand that quoting our Tax File Number is not compulsory but failing to do so may result in tax being taken out of our interest. I/We understand that the Tax File Number(s) will be applied to all accounts under this membership unless we specifically request otherwise. The Australian Taxation Office has specific laws on Savings and Investment accounts in regard to the Tax File Number (TFN). For more information refer to the Australian Taxation Office.

I/We understand AMBL collects personal information from me as required by the Anti-Money Laundering AML and Counter Terrorism Financing Act 2006 and that it may take steps to verify the personal information it has collected. I/We consent to the collection, use, handling, disclosure and verification of personal information as required by the Anti-Money Laundering and Counter Terrorist Financing Act 2006. I/We understand that if we provide AMBL with incomplete or inaccurate information that AMBL may not be able to provide us with the products or services that we are seeking. I/We understand that it is an offence under the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth) to give false and misleading information.

AMBL will in accordance with the AML legislation need to identify you and anyone acting on your behalf, including any power of attorney, prior to opening your account. We may not, at our discretion, open a new account for you until all relevant identity information and documentation has been received and satisfactorily verified. In some circumstances, AMBL may need to re-verify this information.

By applying for an account with us, you also acknowledge that AMBL may decide to delay or refuse any request or transaction on your account, including any withdrawal or deposit request, if it is concerned that the request or transaction may breach any legal or regulatory obligation or cause to commit or participate in, an offence under any law. Where transactions or accounts are blocked, delayed, frozen or refused by AMBL in accordance with this section, you agree that AMBL is not liable for any loss suffered by you or other third parties arising directly or indirectly as the result of AMBL taking this action. Notwithstanding that you may already have an account with us and that you may have previously provided all account opening documentation, AMBL reserves the right to request additional and/or updated information.

Terms and Conditions apply to all the listed AMBL products and services in this application. For more information please call our Contact Centre, call into a branch or visit our website.

Communication Preferences

As part of our commitment to reduce our carbon footprint, notices of meetings and annual reports are available electronically on the bank's website by default. If you wish to receive these documents via post, please advise us.

I would like notices of Special and General meetings of Members emailed to me? Yes No

I would like the Bank's Annual Financial Reports emailed to me? Yes No

Please use my email address:

- to send me notices for all my banking and loan accounts; and/or
- to tell me that they are available to view from the bank's website.

I understand that:

- the bank will not post me paper notices
- I need to check my emails regularly
- I can revert to receiving paper notices in the post at any time

Privacy Consent - I/we acknowledge that we have read and agree to the AMBL Privacy Notice (on page 6)

Signature of authorised persons

x	Date / /
x	Date / /

Signature of authorised persons

x	Date / /
x	Date / /

Office use only (membership checklist)

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Form fully completed and signed by member(s)
<input type="checkbox"/> Identification sighted, stamped & loaded
<input type="checkbox"/> S4 Premier Business account opened
<input type="checkbox"/> Shareholder type changed
<input type="checkbox"/> Branch signature card completed
<input type="checkbox"/> Member type loaded
<input type="checkbox"/> ASIC search completed and charged
<input type="checkbox"/> Certificate of Incorporation received
<input type="checkbox"/> ASIC record of registration of business name received
<input type="checkbox"/> FATCA/CRS details loaded in tax field | <input type="checkbox"/> Online statement registration completed
<input type="checkbox"/> Related clients loaded
<input type="checkbox"/> ATO clients loaded on specified accounts
<input type="checkbox"/> Access facilities <ul style="list-style-type: none"> <input type="checkbox"/> Access card <input type="checkbox"/> Phone banking <input type="checkbox"/> Internet banking <input type="checkbox"/> Cheque book / cheque sig card <input type="checkbox"/> File checked/scanned. Event loaded |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Branch name	Branch Number
Actioned by (operator name & number)	Date
Verified by (operator name & number)	Date

Activation of Phone & Internet Banking



About You (PLEASE PRINT IN BLOCK LETTERS)	
Name of contact	Member no.
Contact phone no.	Email address

Internet banking - (incorporating Business Banking) (PLEASE PRINT IN BLOCK LETTERS)

Please indicate if you would like internet banking Yes* No
*You will be provided with a temporary access code. You will be required to change this when you log into internet banking for the first time.

Register your PayID Yes No If Yes select a PayID: Email address Mobile number ABN

Please allow 24 hours for activation of your temporary access code
Your temporary access code is only valid for 7 days

Please indicate a 'username' and 'password' which you would like to use to register for online statements.

Username (minimum 6 characters):	Password (minimum 8 characters):
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Daily transaction limit (PLEASE PRINT IN BLOCK LETTERS)

The daily limit for funds transfer external is \$3000.00 and applies to all registered users of Internet Banking. If you wish to regularly transfer amounts larger than the daily limit you may request to have your daily limit increased.

Please select the amount that you require for your transaction limit

\$5,000 \$10,000 Other (please specify) \$

Important Information

- Increasing your daily external funds transfer limit may increase your liability in the case of unauthorised transactions.
- All non standard limits are reviewed every 12 months
- We advise that you should read the online security guide and terms and conditions of Internet Banking located on our website

Phone banking (PLEASE PRINT IN BLOCK LETTERS)

Please indicate if you would like Phone Banking Yes* No

Only one access code can be issued per membership for this service. You will be provided with a temporary access code. For your own account security, you will be required to change this access code when you dial into phone banking for the first time.

Phone banking terms and conditions are available on our website.

Please allow 24 hours for activation of your temporary access code
Your temporary access code is only valid for 7 days

Authorisation

Signature	Other Applicant Signature
X Date / /	x Date / /

Office Use Only

Set up complete Internet Banking Phone Banking Online Statement Registration Events Loaded

Contact made / / / / / /

Actioned by (Operator Name & Number)	Date
Verified by (Operator Name & Number)	Date