

Application - New Membership

Title			Member Number		
Given Names				Sex	
Surname					
Date of birth					
Residential Address					
Postal Address					
Phone number/s					
Email Address					
Occupation					
Country of Residence for Tax Purposes					

One of our team members will be in contact with you regarding your Tax File Number.

Please tick this box if you do not wish to be contacted about other products and services

Please tick this box if you do not wish joint accounts to be shared under the consumer data right rules

Declarations

I apply for membership and ten (10) Redeemable Preference Shares of ten (10) cents each in Cairns Penny Savings & Loans Limited ABN 68 087 933 757 AFSL/Australian Credit Licence 244324 T/A Cairns Bank. I understand that membership will only be granted when I acquire an ownership interest in an account at Cairns Bank and am aged 18 or greater.

I agree to be bound by the Constitution of Cairns Bank in place from time to time.

It is an offence under the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth) to give false and misleading information. I believe the above details to be true and correct. I understand that if I provide Cairns Bank with incomplete or inaccurate information that Cairns Bank may not be able to provide me with the products or services that I am seeking.

I consent to the collection, use, handling, disclosure and verification of personal information as required by the Anti- Money Laundering and Terrorist Financing Act 2006 (Cth).

I understand that collection of my Tax File Number or Exemption is authorised and their use and disclosure are strictly regulated by the law and the Privacy Act 1988 (Cth). I understand that quoting my Tax File Number is not compulsory but failing to do so may result in tax being taken out of my interest. I understand that the Tax File Number will be applied to all accounts under my membership unless I specifically request otherwise.

I certify that the Country of Residence for Tax Purposes recorded above is true and correct. I acknowledge that there are consequences for a false declaration of my Country of Residence for Tax Purposes.

I acknowledge that Cairns Bank may use my personal information to let me know about other products and services that I might be interested in.

I acknowledge that Cairns Bank is required to collect personal information in various circumstances and that details of how this information is dealt with are set out in Cairns Bank's *APP Privacy Policy A Guide for Members*, a copy of which is available on their website www.cairnsbank.com.au

Member signature	X
Date	

Office use only					
Member number					
AML / CTF check	Y / N	Loaded & Verified		Y / N	
TFN loaded	Y / N	Shareholder	<input type="checkbox"/> U18	<input type="checkbox"/> Adult	<input type="checkbox"/> Linked
Member letter sent	Y / N	Checked by (staff):			
Completed by (staff):	File in members File				