

Membership Request Form



Police & Nurses Limited (P&N Bank) ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701
Level 6, 556 Wellington Street, Perth WA 6000 | PO Box 8609, Perth BC, Western Australia 6849
T 13 25 77 | W pnbank.com.au

APPLICANT DETAILS

Title _____ Surname _____ Given name/s _____
 Marital status _____ Drivers licence number _____
 Home address _____ Suburb _____ State _____ Postcode _____
 Postal address _____ Suburb _____ State _____ Postcode _____
 Phone: Home _____ Work _____ Mobile _____
 Email (personal) _____
 Email (work) _____
 Employer _____ Occupation _____
 Date of birth _____
 Identification password (4-10 characters, no numbers) _____

Which of the following encouraged you to join P&N:

- existing member advert: TV / press / radio (please circle) family/friend referral broker
 referral staff member workplace visit walk in other _____

Savings Accounts

Visa Debit Card

Savings _____

Privacy Statement and Consent

This Statement explains how Police & Nurses Limited and its related bodies corporate (“we/us/our”) collect, use and disclose personal information and send communications about products and services.

Personal information is any information or opinion about an identified individual, or an individual who is reasonably identifiable. Your personal information includes information such as your name, contact details and your interactions with us (such as transactions on your account). It may also include information about you that is publicly available.

Purposes for which we collect and use personal information

We collect your personal information to: assess and process a membership request, an application for any product or service that you make or for which you are a signatory, or representative; manage our relationship with you; for internal processes including product development, strategic planning, risk management and pricing; to meet our obligations in relation to external payments, credit reporting systems, government bodies and our funding arrangements; comply with regulatory requirements; identify and (unless you tell us not to) tell you about products and services (including products and services of third parties) that may interest you.

The information we collect about you may also include sensitive information (for instance information about your health, or your membership of a professional or trade association) where we collect it for a specific purpose, for example, in assessing whether you have a pre-existing medical condition for insurance purposes.

If you use our website we may collect information about your location or activity (including whether you have accessed third party sites) to customise your experience.

We also collect your information to identify you in accordance with the Anti-Money Laundering and Counter Terrorism Financing Act 2006. We are permitted to collect, but you are not required to provide, your Tax File Number under the Taxation Administration Act 1953 and the Income Tax Assessment Act 1936. Information is requested about tax residency of other countries in order to help us comply with taxation laws including Common Reporting Standard, Foreign Account Taxation Compliance Act and nonresident withholding tax.

You consent to us collecting your personal information (including sensitive information) for the purpose described above. Without your information we may not be able to provide you with the services or products you require. Unless you tell us not to, by accepting the terms of this Statement, you consent to us using your personal information (including information collected from others) to advertise or promote products, services, or business or investment opportunities we think may interest you, including by:

- contacting you by telephone (notwithstanding registration at any time of your telephone number on the Do Not Call Register) or writing to you; and
- sending commercial electronic messages to any electronic address which you provide or for which you are responsible (and in that regard you warrant that you have authority, either as or on behalf of the electronic account holder, to provide this consent and agree that until you withdraw your consent by providing written notice to us or using an unsubscribe facility in the message, we may continue to send commercial electronic messages to those addresses).

You can ask us not to contact you about products and services and not to disclose your information to others for that purpose by calling us on 13 25 77.

Exchange of personal information and transfer overseas

We may exchange personal information about you with: other persons to verify that it is correct (for example with your employers); our related bodies corporate, assignees, agents, contractors and external advisers; organisations for verifying your identity; your agents, advisers, law enforcement, regulatory and government bodies; your and our insurers or prospective insurers and their underwriters; any person we consider necessary to execute your instructions; persons with whom you make a joint application for a product or service provided by us; any financial institution to or from which a payment is made in relation to any account you have or operate; financial institutions, and debt collecting agencies.

We may disclose your personal information to our systems support and administrative service providers located overseas. The countries to which this information may be disclosed may include the Philippines, Netherlands, the United States of America and the United Kingdom.

Tax Residency

In accordance with our obligations under taxation laws, including the Common Reporting Standard (CRS) and Foreign Account Tax Compliance (FATCA), Police & Nurses Limited is required to confirm your residency status for taxation purposes.

1. Are you an Australian resident for tax purposes? Yes No
2. Are you a US Citizen or resident for tax purposes? Yes No
3. Are you a resident for tax purposes of another country? Yes No

If so please list _____

If you answered yes to questions 2 or 3 above, please provide you Foreign Taxpayer Identification Number (TIN) _____

If there is a change in circumstances that causes any information provided here to become incomplete or inaccurate I will notify P&N as soon as possible.

Further information

You have rights to access and seek correction of personal information we hold about you, and our Privacy Policy contains information about how you may do this, how you may make a complaint about a breach of your privacy rights, and how we deal with complaints. You can also contact the Member Advocate on 13 25 77 or at info@pnbank.com.au. See our Privacy Policy on our website pnbank.com.au/important-information/privacy for more information.

Declaration

- By ticking this box and signing below I hereby apply for a share to become a member of Police & Nurses Limited. I acknowledge that a call may be made for payment of the share subscription price of \$10 by Police & Nurses Limited at any time and I will have 14 days to satisfy that call. I acknowledge and agree that Police & Nurses Limited may deduct \$10 from my P&N Bank account to satisfy any call. I acknowledge that if I attempt to pay the subscription price for my share before a call is made any funds received by Police & Nurses Limited will be returned to me. I understand that if I become a Member, I will be bound by the Constitution of Police & Nurses Limited.

- I agree to the terms of this Privacy Statement and Consent to Use Your Information, and I consent and agree to Police & Nurses Limited collecting, using, exchanging and transferring overseas, my personal information as described and as set out in P&N Bank's Privacy Policy.

- By ticking this box and signing below I declare that the information in this application is true and correct and agree to be bound by the Terms and Conditions for any account, product or service. I will notify P&N Bank of any changes that would render the information in this form incorrect or unreliable.

_____ Date _____

Signature

TAX FILE NUMBER

Quotation is not compulsory but tax may be taken out of the applicant's interest if the tax file number is not quoted or evidence of exemption is not provided. Tax file number _____

OFFICE USE ONLY

Member Identification & Verification (this section is for use by Business Development Consultants & Mobile Consultants)

Verify member's full name and either their date of birth or residential address.

Primary photo/non-photo identification document

Secondary identification document

Type of document	Primary photo/non-photo identification document	Secondary identification document
Name on document		
Document number		
Date of birth		
Residential address		
Date of issue		
Expiry date		
Place/Office of issue		
FATCA completed		

Officer name _____

Signature _____

CHECKLIST

Staff are to check each box to denote information has been provided to member or action taken.

Disclosure Documents Issued

Financial Services Guide (all new memberships)

Saving Accounts

Savings Accounts & Account Access Channels Product Disclosure Statement

Fees and Charges

Investments and Savings Rates Schedule

Advised Internet Banking Product Disclosure Statement is available online

Cards

Visa Debit Card

Visa Debit Card Terms & Conditions

Loan Accounts

Loans _____

Method of Disclosure handed posted emailed

Administration

Identification achieved by original document/s _____ certified copies & Certification Form

Membership opened

Tax file number

Direct marketing consent recorded

Share account opened

Other accounts opened and opening deposits processed

Card request completed

Card ordered

Internet Banking activated (if applicable)

e-statements registered (if applicable)

Tax Identification Number (if applicable)

Officer _____ Operator no. _____ Signature _____ Date _____

THIS PAGE LEFT INTENTIONALLY BLANK