



# Authority to Operate

Police & Nurses Credit Society Limited  
ABN 69 087 651 876 AFSL 240701  
PO Box 12847  
Abeckett Street VIC 8006  
Telephone 13 25 77  
www.nurses1st.com.au



By this authority, I \_\_\_\_\_

Holding Member Number \_\_\_\_\_

Nominate \_\_\_\_\_

of \_\_\_\_\_

My/Our authority to operate my/our following:

Account Number \_\_\_\_\_ Account Number \_\_\_\_\_

Account Number \_\_\_\_\_ Account Number \_\_\_\_\_

In accordance with the Privacy Act 1988, I/we authorise my/our "Nominee" to obtain from Nurses First any information concerning those of my/our account/s which my/our Nominee has been authorised to operate. I/We declare that Nurses First may act upon this Authority until it has received my/our written instructions to the contrary or until my/our death/s or impairment upon which this Authority immediately ceases to have effect. I/We acknowledge that my/our Nominee is obliged to advise Nurses First in writing as soon as is practicable of my/our death or impairment and agrees to do so by signing this Authority. I/We or my/our estate/s agree to indemnify Nurses First against any loss, damage or penalty which Nurses First may incur from the operation of this Authority, provided that Nurses First has acted within its terms. Further details, including how you may access the personal information that we hold, is in our publicly available Privacy Statement.

Nominee Name \_\_\_\_\_ 

X
---

 Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature

Member Name \_\_\_\_\_ 

X
---

 Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature

Independent Witness Name \_\_\_\_\_ 

X
---

 Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature

Accepted by \_\_\_\_\_

**Note:** if chequing facility is attached to an account, a new signatory card will be required.

## OFFICE USE ONLY

- AML/CTF Check for Nominee
- Authority loaded
- Card ordered (if applicable)
- Member Chequing card completed (if applicable)

Operator No. \_\_\_\_\_ Officer's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_