



Membership Request Form

Nurses First
 ABN 69 087 651 876 AFSL 240701
 250 Victoria Parade
 East Melbourne VIC 3002
 PO Box 12847
 Abeckett Street VIC 8006
 Telephone (03) 9419 1901
 www.nurses1st.com.au



Title Surname Given names

Are you currently a member with Nurses First? Yes No If yes, member number

If you are new to Nurses First or your personal details have changed since your last contact, please complete the identification details section below.

Date of birth Marital status Drivers licence no.

Home address Suburb/Town State P/Code

Postal address Suburb/Town State P/Code

Phone: Home Work Mobile

Employer Occupation

Work address Suburb/Town State P/Code

Email address

Identification password (4-10 characters, no numbers)

Which of the following encouraged you to join Nurses First:

- Existing member
 Advert: TV / Press / Radio (please circle)
 Family / Friend
 Referral broker
 Referral staff member
 Walk in
 Business Development
 Other _____

I hereby apply for a share in the credit union to become a member of Nurses First and submit the subscription price of \$10.

Yes No (optional for members with only Term Deposit/s accounts)

Please note that under the Constitution of Police & Nurses Credit Society Ltd only a 'qualifying member' is entitled to participate in the surplus and profits should there ever be a demutualisation of the Society. A "qualifying member" means a current shareholding member who has been a member continuously for at least two years before the demutualisation occurs. This is consistent with the principle of ensuring that those shareholding members who have contributed to the success of the Society are the ones who participate in a distribution (if any) of its reserves.

I declare that the answers in the foregoing statements are true and complete in every way and agree to be bound by the Terms & Conditions for any account or service. I understand that if I become a member the Constitution of Police & Nurses Credit Society Ltd will bind me.

The personal information you supply us will be held and used by us to consider your application for membership and to provide to you our products and services. This may include maintaining records of your membership, compliance with legislative and regulatory requirements, conducting market or member satisfaction research, and to provide you with information about other products and services. Without the information we request we may be unable to provide the products and services you require.

You agree that we may disclose your personal information to our agents and contractors whom we engage to assist us in providing our products and services, as otherwise allowed under the Privacy Act 1988, or as consented to by you. Further details including how you may access the personal information that we hold, is in our publicly available Privacy Statement.

Please note that all accounts and signatory information provided to Nurses First on this form shall apply to all accounts linked to you unless otherwise specified. Proof of identity as per the Anti-Money Laundering & Counter-Terrorism Financing Act 2006 will be required.

I consent to receive information (printed and electronic) from Nurses First about products and services.
 You may unsubscribe at any time by contacting us on 9419 1901 or visiting the Nurses First branch.

Date _____

Signature

Tax File Number

Quotation is not compulsory but tax may be taken out of your interest if you do not quote your tax file number or provide evidence of exemption.

OFFICE USE ONLY

Customer Identification & Verification (this section is recommended for use by BDOs & Mobile Consultants)
 Verify customer's full name & either their date of birth or residential address.

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

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)

Savings Accounts

Savings _____

- Savings and Transaction Products Product Disclosure Statement
- Savings Account Schedule of Access, Fees and Charges
- Investments and Savings Rates Schedule
- Advised Netlink Product Disclosure Statement (Note: The Product Disclosure Statement for Netlink will be made available online and the facility will not be made available until the members reads and acknowledgements the receipt of the PDS).

Cards

ATM Card VISA Debit Card

- Issued Card Product Disclosure Statement
- Issued Card Conditions of Use

Loan Accounts

Loans _____

Method of disclosure to the member handed posted emailed

Administration

- Identification achieved by: Original document/s Certified copies & Certification Form
- Membership opened
- Tax file number
- Direct marketing consent recorded in Phoenix
- Account(s) opened
- Netlink activated (if applicable)
- Opening deposits processed (if applicable)
- Card request completed
- Card ordered
- Shares paid (optional for members with only Terms Deposit/s accounts)

Officer/Operator No. _____ Signature _____ Date _____