



New Membership Application

Title		Sex:	
Given Names		Member no:	
Surname			
Date of birth			
Residential Address			
Suburb		State	Qld
Postal Address			
Suburb		State	
Phone number			
Email Address			
Country of Residence for Tax Purposes			
TFN/TIN		TFN Exemption reason	

The written record of your tax file number will be destroyed once an electronic record is made.

Declarations

I apply for membership and ten (10) Redeemable Preference Shares of ten (10) cents each in Cairns Penny Savings & Loans Limited. I understand that membership will only be granted when I acquire an ownership interest in an account at Cairns Penny and am aged 18 or greater.

I agree to be bound by the Constitution of Cairns Penny 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 Penny with incomplete or inaccurate information that Cairns Penny 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 Penny may use my personal information to let me know about other products and services that I might be interested in.

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

Member signature	x
Date	

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

Office use only			
Member number		Cheque book form?	Y/N
AML / CTF check	Y/N	Visa debit form?	Y/N
Internet access form?	Y/N		
Completed by (staff):			