

Social Club/ Unincorporated Association Application

Please note: Under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, all financial institutions are required to identify customers when opening new accounts. To ensure your account is opened as quickly as possible, please complete the form fully and accurately (fields marked with an asterisk (*) must be completed) and refer to the Membership Information Sheet to enable you to provide the required identification documentation. If you have any queries, please contact QBANK on 13 77 28.

Opening an account for an association does NOT confer membership or membership benefits on the entity, its members or its committee.

Indemnity by Committee Members

In return for QBANK opening the account in the name of the association, the members of the committee, whose details appear below, agree to indemnify QBANK of any amount by which the account is overdrawn.

If the association has written rules or constitution please bring original or certified copies for us to sight.

Committee members who are not QBANK members will need to complete a Non-Shareholding Membership Application Form for an individual and meet ID requirements.

Meeting minutes attached

Association Details

Name of Association*

Address of the association's principal place of administration*

Postcode

Postal address

Postcode

Office Phone Email

Full name of Chairman*

Full name of Secretary*

Full name of Treasurer (or equivalent)

Association Signatories – for more than 4 people, attach a separate list

Signatories who are not QBANK members will need to complete a Non-Shareholding Membership Application Form and meet ID requirements.

Person 1

Mr / Mrs / Ms / Miss (please circle)

Surname*

Given Names*

Date of Birth*

Residential Address*

Email*

Please select relevant box/es:* Chairman Secretary Treasurer

Signature*

Member No.

Home Phone

Daytime Phone

Mobile Phone

Signatory

Date*

Person 2

Mr / Mrs / Ms / Miss (please circle)

| | | | |
|---------------------------------|-----------------------------------|------------------------------------|------------------------------------|
| Surname* | <input type="text"/> | Member No. | <input type="text"/> |
| Given Names* | <input type="text"/> | Home Phone | <input type="text"/> |
| Date of Birth* | <input type="text"/> | Daytime Phone | <input type="text"/> |
| Residential Address* | <input type="text"/> | | |
| Email* | <input type="text"/> | | |
| Please select relevant box/es:* | <input type="checkbox"/> Chairman | <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| Signature* | <input type="text"/> | | <input type="checkbox"/> Signatory |
| | | Date* | <input type="text"/> |

Person 3

Mr / Mrs / Ms / Miss (please circle)

| | | | |
|---------------------------------|-----------------------------------|------------------------------------|------------------------------------|
| Surname* | <input type="text"/> | Member No. | <input type="text"/> |
| Given Names* | <input type="text"/> | Home Phone | <input type="text"/> |
| Date of Birth* | <input type="text"/> | Daytime Phone | <input type="text"/> |
| Residential Address* | <input type="text"/> | | |
| Email* | <input type="text"/> | | |
| Please select relevant box/es:* | <input type="checkbox"/> Chairman | <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| Signature* | <input type="text"/> | | <input type="checkbox"/> Signatory |
| | | Date* | <input type="text"/> |

Person 4

Mr / Mrs / Ms / Miss (please circle)

| | | | |
|---------------------------------|-----------------------------------|------------------------------------|------------------------------------|
| Surname* | <input type="text"/> | Member No. | <input type="text"/> |
| Given Names* | <input type="text"/> | Home Phone | <input type="text"/> |
| Date of Birth* | <input type="text"/> | Daytime Phone | <input type="text"/> |
| Residential Address* | <input type="text"/> | | |
| Email* | <input type="text"/> | | |
| Please select relevant box/es:* | <input type="checkbox"/> Chairman | <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| Signature* | <input type="text"/> | | <input type="checkbox"/> Signatory |
| | | Date* | <input type="text"/> |

Selecting Your Account/s and Access Facilities**Choice of Account Types**

- S1 On Call Savings Account
- S20 NetLink Direct Savings Account

Choice of Access Facilities

- Card Access*
- Internet Banking
- Phone Banking*

* Only available where any one to sign

Electronic delivery of statements and notices

QBANK's standard practice is to issue online bank account statements and notices. Please provide your email address to receive notifications that account statements and notices are available to view, download or print (through QBANK Internet Banking):

Email

If you prefer to receive account statements and notices in the post, please provide your postal address:

Postcode

Association's Authorisation to Open Account

The Committee of the Association resolved that:

1. the association open an account with QBANK
2. the person(s) specified as signatories be authorised to sign on the association's behalf on any of the association's accounts with QBANK
3. where there are 2 or more signatories, the account signing authority will be as follows:
 Any one to sign Any two to sign All parties to sign

The Committee confirms that the name of the association is as stated above.

Chairman of the Committee

Please print name

Date

QBANK / Office Use Only

Access Facilities Action List

- Card ordered Internet Banking Phone Banking

Association Verification Completion

I have verified the following Association details:

1. Name of Association
2. by sighting (tick one): Original; or Original certified copy, of (tick one):
 Rules or Constitution of the Association; or Minute of a meeting of the Association

Association Signatory / Member / Beneficial Owner Verification Completion

Chairman - I have verified the following details:

1. Name (*mandatory*); and one of Date of birth OR Residential address
2. by sighting (*tick one*): Original; or Original certified copy, of (*tick one*):
 Drivers licence Passport Other Documents* - description of documents:

Secretary - I have verified the following details:

1. Name (*mandatory*); and one of Date of birth OR Residential address
2. by sighting (*tick one*): Original; or Original certified copy, of (*tick one*):
 Drivers licence Passport Other Documents* - description of documents:

Treasurer - I have verified the following details:

1. Name (*mandatory*); and one of Date of birth OR Residential address
2. by sighting (*tick one*): Original; or Original certified copy, of (*tick one*):
 Drivers licence Passport Other Documents* - description of documents:

*Must be an 'acceptable' document/s - refer to the **Membership Information Sheet**.

Note: Obtain a copy of the identification document/s.

Note: if more persons required to be verified, print another page of this form to complete Verification Completion as required

Confirmation

Taken by (name and signature)

Date

Processed by (name and signature)

Date

Membership Number

Membership Opening Confirmation (Bank Operations to complete)

Complete by (name and signature)

Date