

b-packaged[®] and b-entertained[®] organisation application form



Return this form by mail to Community Sector Banking, PO Box 585, Corrimal NSW 2518

Branch/Agent Name: _____ Branch/Agent Number: _____

In order to establish you as a customer there is certain information we need to collect from you as required by law.

Section 1 - Organisation Details

- Australian Company Government Body Cooperative Trust/Superannuation Fund
 Incorporated Association Unincorporated Association

 PBI Status Other FBT Exemption

Full registered name including full business name or trading name (if any) of the organisation:

ANZSIC Code: _____ Industry: _____

Registered office address (PO Box not acceptable):

Suburb: _____ State: _____ Postcode: _____ Country: _____

Principal place of business (PO Box not acceptable):

- Same as registered office address

Suburb: _____ State: _____ Postcode: _____ Country: _____

Postal Address: Same as registered office address Same as principal place of business

Suburb: _____ State: _____ Postcode: _____ Country: _____

Details for Primary Contact Person:

Primary Contact Name: _____ Primary Contact Phone: _____

Primary Contact Email: _____

Section 2 - Company

Have any details relating to your company changed within the last 3 months?

No - you may use a company search that has been completed within the last 3 months.

Yes - you will need to complete a new Company Search.

ACN/ARBN: _____ ABN: _____

Company Structure as listed on the company search:

Proprietary/Private Public (domestic listed company) Majority owned subsidiary of a domestic listed company

Public unlisted company Other, please specify _____

If the company is regulated complete details below:

* A company whose activities are subject to the oversight of a Commonwealth, State or Territory statutory regulator. In this context 'regulated' means subject to supervision beyond that provided by ASIC as a company registration body. Examples include Australian Financial Services Licensees (AFSL holders); Australian Credit Licensees (ACL holders); and Registrable Superannuation Entity (RSE) Licensees.

If Yes - please specify Regulator Name _____

Licence Details (e.g. AFSL Number) _____

If the company is a public listed company, a majority owned subsidiary of a public listed company or a regulated* company, go to Section 7 otherwise complete sections below.

Section 2.1 - Company Ownership (only required for proprietary, private and public unlisted companies)

Please provide details of all individuals who own through one or more shareholdings (direct or indirect) 25% or more of the issued capital of the company as per the company search

If no individual owns 25% or more of the issued capital of the company go to section 2.2.

	Given Name	Middle Name	Surname	% Shareholding
Shareholder 1:	_____	_____	_____	_____
Shareholder 2:	_____	_____	_____	_____
Shareholder 3:	_____	_____	_____	_____
Shareholder 4:	_____	_____	_____	_____

All individuals listed above are considered to be the beneficial owner(s) and must complete **Section 6** (Beneficial Ownership or Control).

Section 2.2 - Entity Control Details (only required for proprietary, private and public unlisted companies)

This section is only required if the ownership details in previous section cannot be determined. Each individual listed below (in part a or b) must complete Section 6 (Beneficial Ownership & Control).

a) Please provide details of all individuals who control 25% or more of the voting rights, including power of veto

	Given Name	Middle Name	Surname	% Voting Rights
Individual 1:	_____	_____	_____	_____
Individual 2:	_____	_____	_____	_____

If there are more than two individuals who control 25% or more of the voting rights, please attach additional page(s).

If unable to complete part a) above then complete part b) below:

b) Please provide details of the Senior Managing Official(s) - the 'Senior Managing Official' is an individual who makes decisions affecting a substantial part of the business (e.g. Chief Executive Officer, Financial Controller)

	Given Name	Middle Name	Surname	Position Title
Officer 1:	_____	_____	_____	_____
Officer 2:	_____	_____	_____	_____

If there is more than two Senior Managing Officials, please attach additional page(s).

Section 3 - Trust

Trust ABN: _____

Type of Trust: Please tick (✓) applicable

- Discretionary Regulated trust (Superannuation/SMSF) Registered managed investment scheme
 Fixed Unit Government superannuation fund Other: _____

Country of Trust:

Country where Trust was established: _____

Settlor of Trust:

(Not required for regulated trusts, registered managed investment schemes and government superannuation funds or if initial sum to establish the trust was less than \$10,000)

The 'settlor' is the person/entity who established the trust by contributing the initial assets or amount, often called the 'settled sum'.

Full legal name (given name, middle name(s), family name) or Registered Business Name: _____

Full registered business name (if any) of the trustee in respect of the trust

Section 3.1 - Trustee Details

Provide details of all trustee/s of the trust. If the Trustee is a company please complete section 2 - Company Details.

Individual Trustee 1

Title: _____ Given Name: _____ Middle Name: _____ Surname: _____

Date of birth: _____ Email address: _____

Full residential address (PO Box not acceptable): _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Identified under another customer number _____ (Must have an active account and valid ID)

Signatory to account If signatory, please complete:

Preferred Contact Number: _____ [ANZSCO Code:](#) _____ Specific Occupation: _____

Individual Trustee 2

Title: _____ Given Name: _____ Middle Name: _____ Surname: _____

Date of birth: _____ Email address: _____

Full residential address (PO Box not acceptable): _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Identified under another customer number _____ (Must have an active account and valid ID)

Signatory to account If signatory, please complete:

Preferred Contact Number: _____ [ANZSCO Code:](#) _____ Specific Occupation: _____

Individual Trustee 3

Title: _____ Given Name: _____ Middle Name: _____ Surname: _____

Date of birth: _____ Email address: _____

Full residential address (PO Box not acceptable): _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Identified under another customer number _____ (Must have an active account and valid ID)

Signatory to account If signatory, please complete:

Preferred Contact Number: _____ [ANZSCO Code:](#) _____ Specific Occupation: _____

Section 3.1 - Trustee Details (continued)

Individual Trustee 4

Title: _____ Given Name: _____ Middle Name: _____ Surname: _____

Date of birth: _____ Email address: _____

Full residential address (PO Box not acceptable): _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Identified under another customer number _____ (Must have an active account and valid ID)

Signatory to account If signatory, please complete:

Preferred Contact Number: _____ [ANZSCO Code](#): _____ Specific Occupation: _____

If there are more than four Trustees, please attach additional page(s).

Section 3.2 Beneficiary Information

(except for a trust that is registered and subject to Australian regulatory oversight)

Full legal name (ensure middle name included, where applicable) or organisation name

Beneficiary 1: _____

Beneficiary 2: _____

Beneficiary 3: _____

Beneficiary 4: _____

Class(es) of Beneficiaries: If the terms of the Trust identify beneficiaries by reference to membership of a class then provide details (e.g. family members of named person, charitable organisations/causes)

If there are more than four Beneficiaries, please attach additional page(s).

Section 4 - Association/Co-Operative

ABN: _____ Unique identifying number (if incorporated association or registered co-operative): _____

	Given name	Middle name	Surname
Chairperson/President	_____	_____	_____
Secretary/Public Officer	_____	_____	_____
Treasurer	_____	_____	_____

At least one person (Chairman, Secretary or Treasurer) must complete individual customer identification requirements.

Section 4.1 - Entity Control Details

(a) Provide the details of each individual who directly or indirectly controls the organisation, including those entitled to 25% or more of assets upon termination, voting rights of 25% or more or power to veto.

	Given Name	Middle Name	Surname	%
Individual 1:	_____	_____	_____	_____
Individual 2:	_____	_____	_____	_____
Individual 3:	_____	_____	_____	_____
Individual 4:	_____	_____	_____	_____

If unable to complete part (a) above then complete part (b) below:

(b) This section is only required if the entity control details in the above section cannot be determined. Provide details of the Senior Managing Official(s) who make decisions affecting a substantial part of the business (e.g. Chairperson, Secretary or Treasurer)

	Given Name	Middle Name	Surname	Position Title
Officer 1:	_____	_____	_____	_____
Officer 2:	_____	_____	_____	_____
Officer 3:	_____	_____	_____	_____
Officer 4:	_____	_____	_____	_____

Each individual listed in section 4.1 (a) or (b) are considered to be the Beneficial Owner(s) and need to complete **Section 6** (Beneficial Ownership or Control)

Section 5 - Government Body

Government Body ABN: _____

Please tick (✓) which type of Government legislation the organisation was established under:

Australian State or Territory Commonwealth of Australia Foreign country

Please Note: Beneficial Ownership is not applicable for Australian Government Bodies.

Section 6 - Beneficial Ownership or Control

Individual 1 - (Beneficial Ownership or Control)

Title: _____ Given Name: _____ Middle Name: _____ Surname: _____

Date of birth: _____ Email address: _____

Full residential address (PO Box not acceptable): _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Identified under another customer number _____ (Must have an active account and valid ID)

Signatory to account - if signatory, please complete: Internet access (view only): Yes No

Preferred Contact Number: _____ ANZSCO Code: _____ Specific Occupation: _____

Individual 2 - (Beneficial Ownership or Control)

Title: _____ Given Name: _____ Middle Name: _____ Surname: _____

Date of birth: _____ Email address: _____

Full residential address (PO Box not acceptable): _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Identified under another customer number _____ (Must have an active account and valid ID)

Signatory to account - if signatory, please complete: Internet access (view only): Yes No

Preferred Contact Number: _____ ANZSCO Code: _____ Specific Occupation: _____

Individual 3 - (Beneficial Ownership or Control)

Title: _____ Given Name: _____ Middle Name: _____ Surname: _____

Date of birth: _____ Email address: _____

Full residential address (PO Box not acceptable): _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Identified under another customer number _____ (Must have an active account and valid ID)

Signatory to account - if signatory, please complete: Internet access (view only): Yes No

Preferred Contact Number: _____ ANZSCO Code: _____ Specific Occupation: _____

Individual 4 - (Beneficial Ownership or Control)

Title: _____ Given Name: _____ Middle Name: _____ Surname: _____

Date of birth: _____ Email address: _____

Full residential address (PO Box not acceptable): _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Identified under another customer number _____ (Must have an active account and valid ID)

Signatory to account - if signatory, please complete: Internet access (view only): Yes No

Preferred Contact Number: _____ ANZSCO Code: _____ Specific Occupation: _____

If there are more than four beneficial owners/control, please attach additional page(s).

Each person listed above must provide individual identification documents.

Section 7 - Additional Signatories/Persons authorised to sign on accounts

Please list below all persons who will have authorised access to the account in the context described as follows:

- Obtain account and transactional information on all b-packaged and b-entertained cards
- Authorise the opening and closing of accounts and adding of Non-Titled Members
- Authorise card ordering and/or cancellation
- Act as a point of contact for Community Sector Banking staff to discuss changes, transactions and any other issues relating to the **b-packaged** and **b-entertained** cards
- Monitor accounts using No Withdrawals e-banking Access

A minimum of two signatories required per organisation.

Individual 1 - Individual Details (those additional to Section 6)

Non Titled Member type: Signatory Director Internet access (view only): Yes No

Title: _____ Given Name: _____ Middle Name: _____ Surname: _____

Date of birth: _____ Email address: _____

Full residential address (PO Box not acceptable):

Suburb: _____ State: _____ Postcode: _____ Country: _____

Preferred Contact Number: _____ [ANZSCO Code:](#) _____ Specific Occupation: _____

Identified under another customer number: _____ (Must have an active account and valid ID.)

Individual 2 - Individual Details (those additional to Section 6)

Non Titled Member type: Signatory Director Internet access (view only): Yes No

Title: _____ Given Name: _____ Middle Name: _____ Surname: _____

Date of birth: _____ Email address: _____

Full residential address (PO Box not acceptable):

Suburb: _____ State: _____ Postcode: _____ Country: _____

Preferred Contact Number: _____ [ANZSCO Code:](#) _____ Specific Occupation: _____

Identified under another customer number: _____ (Must have an active account and valid ID.)

Individual 3 - Individual Details (those additional to Section 6)

Non Titled Member type: Signatory Director Internet access (view only): Yes No

Title: _____ Given Name: _____ Middle Name: _____ Surname: _____

Date of birth: _____ Email address: _____

Full residential address (PO Box not acceptable):

Suburb: _____ State: _____ Postcode: _____ Country: _____

Preferred Contact Number: _____ [ANZSCO Code:](#) _____ Specific Occupation: _____

Identified under another customer number: _____ (Must have an active account and valid ID.)

Individual 4 - Individual Details (those additional to Section 6)

Non Titled Member type: Signatory Director Internet access (view only): Yes No

Title: _____ Given Name: _____ Middle Name: _____ Surname: _____

Date of birth: _____ Email address: _____

Full residential address (PO Box not acceptable):

Suburb: _____ State: _____ Postcode: _____ Country: _____

Preferred Contact Number: _____ [ANZSCO Code:](#) _____ Specific Occupation: _____

Identified under another customer number: _____ (Must have an active account and valid ID.)

If there are more than four Signatories/Persons/Authorised to sign on the account, please attach additional page(s).

Each person listed above must provide individual identification documents.

Section 8 - Foreign Applicants (only complete if new customer to Bendigo & Adelaide Bank)

If the applicant resides in an "Additional KYC Country" complete the section below:

Applicant Name:

Occupation:

Country of citizenship:

Reason for opening an account in Australia:

Salary range: \$0 - \$30,000 \$30,001 - \$50,000 \$50,001 - \$100,000 \$100,001 +

If there is more than one Foreign Applicant, please attach additional page(s).

Section 9 - Foreign Tax Information

Foreign Accounts Tax Compliance Act (FATCA) - (completion of all questions is mandatory)

Are any applicants Citizens or Residents of the US for Tax purposes? Yes - Please complete the Foreign Tax Details Form (OA740) No

Is the Entity/s created in the US, established under the laws of the US or a US taxpayer? Yes - Please complete the Foreign Tax Details Form (OA740) No

Are any controlling persons of an Entity Citizens or Residents of the US for Tax purposes? Yes - Please complete the Foreign Tax Details Form (OA740) No

Is the Entity a Financial Institution? Yes - Please complete the Foreign Tax Details Form (OA740) No

For companies, trusts and partnerships a controlling person is an individual who is a shareholder, trustee, beneficiary, settlor or partner AND who owns 25% or more of the Entity, controls 25% or more of the voting rights including a power of veto, or holds the position of senior managing official of the Entity. For associations and co-operatives a controlling person is also an individual who is entitled to 25% or more of the assets of the Entity upon dissolution.

Common Reporting Standard (CRS) - (completion of all questions is mandatory)

Are any individual applicants residents of any country other than Australia or US? Yes - Please complete the Foreign Tax Details Form (OA740) No

Is the Entity created in any country other than Australia or US? Yes - Please complete the Foreign Tax Details Form (OA740) No

Is the Entity Account Holder a Passive Non-Financial Entity that have 1 or more Controlling Persons with foreign tax obligations? Yes - Please complete the Foreign Tax Details Form (OA740) No

Section 10 - Account Information

Type of account to be opened:

b-packaged facility **b-entertained** facility

Privacy Disclosure

1. Collection of your personal information

We, Bendigo Bank, collect your personal information to assess your application, to provide you with the product or service that you have requested and to assess any future applications for products or services you may make to us or our related entities. Collection of some of this information is required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. If you provide incomplete or incorrect information we may be unable to provide you with the product or service you are applying for.

2. Collection of personal information about third parties

We may need to collect personal information about a third party from you as part of this application. If we do this, you agree you will advise that person that we have collected their information, and that in most cases they can access and seek correction of the information we hold about them.

3. Use and disclosure of your personal information

We may use your personal information to perform our business functions (for example internal audit, operational risk, product development and planning). We may also use your personal information to confirm your details (for example contacting your employer to confirm your employment and income details).

We treat your personal information as confidential and only disclose it to others where necessary. For example, we usually disclose your information to organisations to whom we outsource functions such as mailing and printing houses, IT providers, our agents and specialist advisers such as accountants and solicitors. Other disclosures usually include joint account holders, account operators and account applicants, insurers, intermediaries and government authorities. Your information may also be disclosed to our related entities, our joint venture partners and Community Bank® companies where its confidentiality is maintained at all times.

4. Disclosure of personal information to overseas organisations

Some of the organisations we disclose your personal information to may be located overseas. Where an organisation is located overseas we will either take reasonable steps to ensure that it complies with Australian privacy laws or we will seek your consent to the disclosure.

5. Access to and correction of your personal information

In most cases you can gain access to and seek correction of your personal information. Should you wish to do so, or if you have any queries about your information, please contact our Customer Feedback Team on 1300 361 911.

6. Direct marketing

We may use your personal information to inform you about financial products and services that are related to those you have with us or other products and services we think you may be interested in. These may be products and services provided by us, our related entities or other entities we are associated with. If you do not wish to receive any marketing material from us you can mark the box below or call 1300 236 344 (1300 BENDIGO).

I do not wish to receive marketing material from Bendigo Bank

7. Privacy Policy

You should also read our Privacy Policy. Our Privacy Policy contains information about:

- how you can access and seek correction of your personal information;
- how you can complain about a breach of the privacy laws by us and how we will deal with a complaint;
- if we disclose personal information to overseas entities, and where practicable, which countries those recipients are located in.

Our Privacy Policy is available on our website www.bendigobank.com.au or by telephoning 1300 361 911.

Declaration for Account Signatories

I/we authorise that this facility be opened with Community Sector Banking.

I/we confirm that all details provided in this application by us are true and correct. I/we agree to indemnify Community Sector Banking against any claim or liability arising from the breach of restricted use or other limitations in respect of a card. I/we also acknowledge that by signing this declaration we agree to abide by the relevant Terms and Conditions and accept full responsibility for transactions conducted on our accounts by us and additional cardholders nominated by us. If additional cardholders have been nominated by us, we authorise and instruct Community Sector Banking to pay and honour all transactions on our account conducted by them. Authorisations for additional cardholders to transact on our account are to remain in force until revoked by us.

I/we confirm that I/we have read and agree to the Privacy Disclosure in this application.

I/we confirm that the nominated signatories are authorised to act on behalf of the organisation.

I/we undertake to advise you as soon as practicable should the nomination be revoked or a signatory ceases to be employed by the organisation.

Full Name:
Signature 1:
Date: / /

Full Name:
Signature 2:
Date: / /

Full Name:
Signature 3:
Date: / /

Full Name:
Signature 4:
Date: / /

Account Authorisation

PLEASE NOTE: THIS SECTION ONLY NEEDS TO BE COMPLETED BY AN ASSOCIATION

I/we authorise that this facility be opened with Community Sector Banking.

I/we confirm that all details provided in this application by us are true and correct. I/we agree to indemnify Community Sector Banking against any claim or liability arising from the breach of restricted use or other limitations in respect of a card. I/we also acknowledge that by signing this declaration we agree to abide by the relevant Terms and Conditions and accept full responsibility for transactions conducted on our accounts by us and additional cardholders nominated by us. If additional cardholders have been nominated by us, we authorise and instruct Community Sector Banking to pay and honour all transactions on our account conducted by them. Authorisations for additional cardholders to transact on our account are to remain in force until revoked by us.

I/we confirm that I/we have read and agree to the Privacy Disclosure in this application.

I/we confirm that the nominated signatories are authorised to act on behalf of the organisation.

I/we undertake to advise you as soon as practicable should the nomination be revoked or a signatory ceases to be employed by the organisation.

I/we also confirm that the organisations rules/constitution do not limit our authority to act upon/open this account.

This section is to be completed by Chairperson/Secretary/Treasurer or equivalent officer as per Section 4.

Full Name:
Authorising Officer 1:
Date: / /

Full Name:
Authorising Officer 2:
Date: / /

Office Use Only

Tick the below to confirm the below actions have been completed and checked by another staff member. Both staff are required to sign the application form to verify they have checked the application and supporting documentation in full prior to submission.

Branch to complete:	
<input type="checkbox"/>	Application Form sections completed in full
<input type="checkbox"/>	Foreign Tax Information collected and recorded on Application Form - where Foreign Tax Form OA470 is completed please send to Foreign Tax Mailbox

Customer supplied KYC documents: (branch to copy)	
<input type="checkbox"/>	Full clear copy of Individual Identification documentation (e.g. Drivers Licence, Passport) for all signatories and non-signing Beneficial Owners; or
<input type="checkbox"/>	If using 'already identified' for Identification ensure valid ID is loaded and there is active accounts under the customer record
<input type="checkbox"/>	Where an Association is involved: <ul style="list-style-type: none"> Dated meeting minutes ensuring the name matches that of the account
<input type="checkbox"/>	If an Incorporated Association is involved; When no ASIC search is available, provide Copy of the Rules or Constitution of the Association.
<input type="checkbox"/>	If a Government Body is involved; When no search of the Government Body's website is available, provide a copy or relevant extract of legislation from a reliable and independent source
<input type="checkbox"/>	If a Trust is involved; Copy of the Original Trust Deed, plus the most recent amendment (if applicable), please ensure copy of the deed: <ul style="list-style-type: none"> is dated has been signed by 2 Directors (or 1 Director + 1 Company Secretary, or Sole Director) of the Trustee Company (if applicable); or all Trustee/s (for Individual Trustee Trusts) is a full copy that includes all pages
<input type="checkbox"/>	If a Superannuation Fund is involved; Copy of the Original Superannuation Deed, plus the most recent amendment (if applicable), please ensure the copy of the deed: <ul style="list-style-type: none"> is dated has been signed by 2 Directors (or 1 Director + 1 Company Secretary, or Sole Director) of the Trustee Company (if applicable); or all Trustee/s (for Individual Trustee funds) is a full copy that includes all pages

Internal methods of KYC verification to be completed by branch (where applicable):	
<input type="checkbox"/>	For Incorporated Associations only, ASIC Incorporation search
<input type="checkbox"/>	For Companies , complete a company search (as per Company Search Procedures). Staff can use a previous company search if it was completed within the last 3 months. This must still be scanned through as part of the application.
<input type="checkbox"/>	For Companies registered with the ACNC , please complete an ACNC search (only to be checked in addition to the above where there is a discrepancy in the directors)
<input type="checkbox"/>	For Government Bodies , complete a search of the Government Body's website (the web address should end in .gov.au to be eligible)
<input type="checkbox"/>	For Superannuation Funds , complete a SuperFund Lookup to be completed to ensure Fund is complying

Branch Use Only

Customer/Ledger: _____

Account Number: _____

Signed: _____

Staff number/ADM: _____

Date: / /

Signed: _____

Staff number/ADM: _____

Date: / /

Please tick entity structure (simple or complex):

Simple

OR

Complex