

## Joint & Partnership Accounts

Date:

Please open a joint account in the following names: **Account Number**

<b>1<sup>st</sup> person:</b>		Membership Number
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss
<input type="checkbox"/> Ms	First Name	
Middle Name		Surname
<b>Home Phone No:</b>		<b>Daytime Phone No:</b>
( )		( )
<b>Mobile Phone No:</b>		Signature
<input type="text"/>		
<b>2<sup>nd</sup> person:</b>		Membership Number
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss
<input type="checkbox"/> Ms	First Name	
Middle Name		Surname
<b>Home Phone No:</b>		<b>Daytime Phone No:</b>
( )		( )
<b>Mobile Phone No:</b>		Signature
<input type="text"/>		
<b>3<sup>rd</sup> person:</b>		Membership Number
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss
<input type="checkbox"/> Ms	First Name	
Middle Name		Surname
<b>Home Phone No:</b>		<b>Daytime Phone No:</b>
( )		( )
<b>Mobile Phone No:</b>		Signature
<input type="text"/>		
<b>4<sup>th</sup> person:</b>		Membership Number
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss
<input type="checkbox"/> Ms	First Name	
Middle Name		Surname
<b>Home Phone No:</b>		<b>Daytime Phone No:</b>
( )		( )
<b>Mobile Phone No:</b>		Signature
<input type="text"/>		
<input type="checkbox"/> <b>Joint Account Method of Operation:</b>		<b>Any One to Sign</b> <b>All parties to sign</b> <b>Other (specify)</b>



### Consent for Electronic Delivery of Statements & Notices

For joint partnership accounts, please use this address as our email address

- to send us statements and notices for all our joint banking and joint loan accounts; or
- to tell us that they are available to view or download from your Internet Banking site.

We understand that:

- you will stop posting us paper statements and notices
- we need to check our emails regularly
- we can revert to receiving paper statements and notices in the post at any time



### Partnership details

Please provide your partnership details. If you have a Registered Business Name please provide it below (we will need to sight the original Business Name Certificate)

ABN:

Mailing address:

Post Code

### Selecting Your Accounts and Access Facilities

#### Choice of Account Types

[name of account]

[name of account]

[name of account]

[name of account]

[name of account]

[name of account]

#### Choice of Access Facilities

Office Use

Redicard

Specify Account Type

Ordered

VISA card

Specify Account Type

Ordered

Cheque Book

**You need to complete a Chequing Signature Card**

Specify Account Type

Ordered

Bpay

Confirm you have stated your email address in your Consent for Electronic Delivery of Statements and Notices form on page 2

#### Office Use Only:

Customer identification Procedure – Partnership carried out

Confirm Business Name search matched Business Name Certificate sighted.