

Personal Membership Application

To be completed by a person over the age of 18 wishing to apply for Membership with Queensland Country Bank Limited.

Member Number				
Personal Details				
Surname		Title	Date of Birth	/ /
First Name		Middle Na	ime	
Also known as (Alias)				
Postal Address				
			Postcode	
Residential Address				
(if different from above)			Postcode	
Mobile Phone		Home P	hone	
Personal email				
	<pre>xposed Person*? ns (PEPs) are defined as individuals who oc nd outside Australia. This definition also e</pre>		osition or function in a govern	
Residency				

Are you an Australian Resident for tax purposes?	🗆 No	\Box Yes
For tax purposes are you a resident of any other country, including US Residents?	🗆 No	🗌 Yes – If Yes
complete QCM 0070 Self Certification for an Individual – Overseas Residency for Tax Pu	rposes	

Statement Delivery			
I would like to view my statements via Internet Banking (eStatements) (If no, statements will be posted to the mailing address)	□Yes	□ No	
Marketing			

I would like to receive Marketing material about Queensland Country products and ser	vices and those o	f our related
entities.	🗆 Yes	🗆 No

Tox	File	NILLING		TENI
Tax	File	Num	ber	(I FIN)

Collection of tax file numbers is authorised, and its use and disclosure are strictly regulated by the tax laws and the Privacy Act. Whilst it is not compulsory to quote your tax file number, not quoting it may result in Withholding Tax being deducted from your interest.

Do you wish to quote your TFN?	🗆 Yes	🗆 No
Are you exempt from quoting a TFN?	□ Yes – see below	<i>N</i> □ No

If uncertain as to your TFN requirements, Queensland Country encourages you to seek independent advice.

Tax File Number Exemption Notification

Reason for Exemption:

Account Holder is a Pensioner – Type of Pension:

□ Account Holder is a Non-Resident

Other (provide reason) _____

I hereby advise Queensland Country that I am eligible to claim an exemption from quoting a TFN on my account and request Queensland Country to apply my exemption to all accounts held in my name.

Signature

Privacy Statement and Consent

I hereby apply for Membership and an allotment of one \$NIL Fee Membership share in Queensland Country. I agree to be bound by the Constitution of Queensland Country as amended.

I have received the APP Privacy Notification for Banking Customers, Financial Services Guide and Account and Access Facility Conditions of Use brochure. If I wish to receive notices of meetings or the Annual Report, I will advise Queensland Country by completing the Election to Receive form available at any Queensland Country branch.

Signature

Date ____/___/____

Date ____/___/____/____

Branch Use Only	✓ when completed	Completed	/ /
Member Pack	AML ID completed	Open SH account	Statement
TFN/Exemption loaded	Marketing	Scan to Filebound	Discovery completed