

When to use this form

Use this form when a new membership is required for the following:
AUSTRALIAN GOVERNMENT BODY ESTABLISHED UNDER FORMAL LEGISLATION

Documents – Government Body

- Minutes of meeting or documentation on government letterhead outlining:
 - They agree to open an account at Heritage
 - Full names and positions of Officers/signing authorities
 - Decision on method of operation (ie 2 to sign)
 - Signed by Chairperson (or equivalent)

Identification requirements

All appointed public officers and signatories will need to complete an [Addition of Party form](#) and provide acceptable identification combination as per the [Membership ID Requirements](#).

Tax file number

- Tax File Number for Membership Type. Whilst it is not compulsory to provide a tax file number, we recommend that it is supplied. If a tax file number is not provided, Heritage is required by law to deduct withholding tax from any interest earned above a certain threshold.

Please note that as a Financial Institution Heritage Bank is unable to provide tax advice. You should seek independent advice from a qualified accountant on your tax obligations.

Additional parties to the membership

Complete [Addition of Party form](#) for all appointed public officers and any other authorised parties to the membership.

AUSTRALIAN GOVERNMENT BODY MEMBERSHIP APPLICATION

Heritage Bank

Membership number: _____

Date: _____

Australian Government Body details

Government Body name: _____ ABN: _____

Government Body type: Entity Emanation Established under the legislation of the Commonwealth
 Established under the legislation of a state or territory (provide name of state or territory below)

Name of state or territory: _____ (only required if established under legislation of a state or territory)

Government Body Address: _____

Mailing Address (if different from above): _____

Telephone: _____ Email: _____

Industry: _____

Main business activity: _____

NOTE: Heritage does not accept applications for entities whose primary business is that of a remittance service provider or digital currency exchange provider. If this applies to your entity do not proceed with this application. It is an offence to provide false or misleading information.

Source of funds: Investment income (eg rent, dividends) Inheritance Sale of assets Charities, donations
 Superannuation Active business income

Referral information

Were any parties on this new membership referred to Heritage by a family member, friend or colleague No Yes- provide details below

Referrer Name: _____

Referrer Member Number (if unsure, leave blank): _____

Relationship: Family Friend Colleague

Signing instructions for all transactions

Number of parties to sign: _____ Is there a special signing authority Yes No

If yes, list position / party required to sign at all times: _____

Nomination of primary contact

Name _____

Position _____

Public officers

Please provide the full legal name for the chairman, secretary and treasurer, or equivalent officer in each case for the Government Body.

Chairman (or equivalent)

Full legal name: _____

Secretary (or equivalent)

Full legal name: _____

Treasurer (or equivalent)

Full legal name: _____

AUSTRALIAN GOVERNMENT BODY MEMBERSHIP APPLICATION

Membership number: _____

Date: _____

Declaration

By signing this Membership Application Form, I/we agree to the following:

- To be bound by the Constitution of Heritage Bank Limited.
- To be bound by the terms and conditions as outlined in the Guide to Heritage Deposit Products.
- That it is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to make a false and misleading statement. I/We declare that the details as shown on this form are complete and accurate.
- I have received a copy of the Heritage Privacy Policy and consent for my personal information to be collected, used and disclosed in accordance with Heritage's Privacy Policy. This includes verification of personal information as required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.
- That any tax file number submitted will apply to all existing and future accounts opened under this membership.
- The signing instructions on this membership apply to all accounts and term deposits under this member number and will remain in force until Heritage receives notice in writing of cancellation, which is signed in accordance with the signing instructions.
- Authority has been duly given by resolution at a legally constituted meeting for those nominated to sign and conduct operations on behalf of the said body.
- Heritage may use my electronic or telephone details to communicate with me regarding details of my account. Heritage may also send me required documents in an email. I understand that in these instances a paper copy will not be sent. I should check my emails regularly and I can withdraw this consent at any time. If I change my personal details (for example address or email address) I will inform Heritage as soon as possible. If you do not wish to receive emails from Heritage in relation to your account please tick here

Signatures

Name (please print): _____

Signature: _____ Date: _____

Name (please print): _____

Signature: _____ Date: _____

Name (please print): _____

Signature: _____ Date: _____

Name (please print): _____

Signature: _____ Date: _____

Branch use only	Branch stamp:	Coded:	Has KYC & ID been collected & verified (Y/N)	CSO Signature:	Scanned to MDSS