

# BODY CORPORATE & ASSOCIATION APPLICATION FORM



Membership number \_\_\_\_\_

Date \_\_\_\_\_

## Customer Type

Customer type:  Incorporated Association  Unincorporated Association  Body Corporate

## Existing membership / relationship

Do you have an existing membership titled in the same name under which you would like to open this account?

Yes. Existing membership number \_\_\_\_\_

No. Were any parties on this new membership referred to Heritage by  family  friend or  colleague

Referrer membership number: \_\_\_\_\_ Referrer name: \_\_\_\_\_

## Signing instructions

Number to sign on accounts \_\_\_\_\_ of \_\_\_\_\_ to sign Is there a special signing authority?  Yes  No

If yes, list position / party required to sign at all times \_\_\_\_\_

## Incorporated/Unincorporated Association details

Full name of Association \_\_\_\_\_

Industry \_\_\_\_\_ Main business activity \_\_\_\_\_

Unique Identifying number (Incorporated Associations only) \_\_\_\_\_

## Body Corporate details

Full name of Body Corporate \_\_\_\_\_

Community Titles Scheme number \_\_\_\_\_

Please select the appropriate option:

This membership is being opened by a Body Corporate Manager.

Master Account Number \_\_\_\_\_ Account Name \_\_\_\_\_

This membership is being opened by the Body Corporate (no Body Corporate Manager).

## Contact details

Residential address \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Mailing address \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Name of primary contact \_\_\_\_\_

Heritage may use these electronic or telephone details to communicate with me regarding details about my account. Heritage may also send me required documents in an email. I understand that in these instances paper copy will not be sent. I should check my emails regularly and I can withdraw this consent at any time. If you do not wish to receive emails from Heritage in relation to your account please tick the box.

## Signature of authorised account opener/s (to be completed for all account types)

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.
- 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 conduct operations on behalf of the said body.

## All parties to complete

All authorised signatories of association / organisation / club / Body Corporate are required to complete this section to ensure Heritage has the most up to date authorised signatory information.

**PARTY ONE** - Full name: \_\_\_\_\_

\_\_\_\_\_

Position: \_\_\_\_\_

Signature of party one:

**PARTY TWO** - Full name: \_\_\_\_\_

\_\_\_\_\_

Position: \_\_\_\_\_

Signature of party two:

**PARTY THREE** - Full name: \_\_\_\_\_

\_\_\_\_\_

Position: \_\_\_\_\_

Signature of party three:

**PARTY FOUR** - Full name: \_\_\_\_\_

\_\_\_\_\_

Position: \_\_\_\_\_

Signature of party four:

**PARTY FIVE** - Full name: \_\_\_\_\_

\_\_\_\_\_

Position: \_\_\_\_\_

Signature of party five:

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

NOTE: It is an offence under the Financial Transaction Reports Act 1988 and the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to give false and misleading information.

**PARTY ONE** of \_\_\_\_\_ (only complete if this party is not already on the membership or if any details require updating)

### Existing relationship with Heritage

Do you have an existing relationship with Heritage (Y/N): \_\_\_\_\_ If yes, list existing member number: \_\_\_\_\_  
For example, do you have a membership or are you listed as a signatory on another membership.

### Party type (relationship)

**PARTY ONE:**  Authorised Signatory  Power of Attorney  Executor  Token Holder  \*Enquiry Access Only  
 Chairman  Treasurer  Secretary (✓ to select appropriate party type, may select more than one party type if appropriate)

### Personal details

\*Title: \_\_\_\_\_ \*Surname: \_\_\_\_\_

\*Given names: \_\_\_\_\_ Commonly known as: \_\_\_\_\_

\*First school attended: \_\_\_\_\_

\*Mother's maiden name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_ Drivers licence: \_\_\_\_\_

### \*Residential address details

Property: \_\_\_\_\_ Unit/flat #: \_\_\_\_\_ House #: \_\_\_\_\_

Street: \_\_\_\_\_ Street type: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### Mailing address details

Mail address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### \*Contact details

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Other: \_\_\_\_\_ If other, relationship: \_\_\_\_\_

### Foreign Tax residency certification

Are you, for Tax purposes, a resident of any country other than Australia?  No  Yes

If YES, please complete the below "Common Reporting Standard details: Resident of a foreign country" section to complete your application. \_\_\_\_\_

### Common Reporting Standard details: Resident of a foreign country

	Country / Jurisdiction of Tax residence	TIN (Taxpayer Identification Number)	If no TIN available, select reason: A The country/jurisdiction where the Account Holder is resident does not issue TINs B Unable to provide to the bank due to the law by country/Jurisdiction of tax residence C Unable to obtain a TIN or equivalent (please state reason why)
1			A B C
2			A B C
3			A B C

### \*Specimen Signature

#### Foreign Country Tax Information Declaration

I/we declare: - that the information provided in this form is correct and reflects my/our tax residency status;  
- that I/we will update Heritage immediately if my/our tax residency status is to change in the future.

I/we acknowledge that the information contained in this form and information regarding the Account Holder(s) and any Reportable Account(s) may be provided to the Australian Taxation Office and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder(s) may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

Signature of Party One \_\_\_\_\_

NOTE: If adding a person with Enquiry Access Only, complete fields marked with\*.

PARTY TWO of \_\_\_\_\_ (only complete if this party is not already on the membership or if any details require updating)

**Existing relationship with Heritage**

Do you have an existing relationship with Heritage (Y/N): \_\_\_\_\_ For example, do you have a membership or are you listed as a signatory on another membership.  
If yes, list existing member number: \_\_\_\_\_

**Party type (relationship)**

PARTY ONE:  Authorised Signatory  Power of Attorney  Executor  Token Holder  \*Enquiry Access Only  
 Chairman  Treasurer  Secretary (✓ to select appropriate party type, may select more than one party type if appropriate)

**Personal details**

\*Title: \_\_\_\_\_ \*Surname: \_\_\_\_\_  
\*Given names: \_\_\_\_\_ Commonly known as: \_\_\_\_\_  
\*First school attended: \_\_\_\_\_  
\*Mother's maiden name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_ Drivers licence: \_\_\_\_\_

**\*Residential address details**

Property: \_\_\_\_\_ Unit/flat #: \_\_\_\_\_ House #: \_\_\_\_\_  
Street: \_\_\_\_\_ Street type: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Mailing address details**

Mail address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**\*Contact details**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Other: \_\_\_\_\_ If other, relationship: \_\_\_\_\_

**Foreign Tax residency certification**

Are you, for Tax purposes, a resident of any country other than Australia?  No  Yes

If YES, please complete the below "Common Reporting Standard details: Resident of a foreign country" section to complete your application. \_\_\_\_\_

**Common Reporting Standard details: Resident of a foreign country**

	Country / Jurisdiction of Tax residence	TIN (Taxpayer Identification Number)	If no TIN available, select reason: A The country/jurisdiction where the Account Holder is resident does not issue TINs B Unable to provide to the bank due to the law by country/Jurisdiction of tax residence C Unable to obtain a TIN or equivalent (please state reason why)
1			A B C
2			A B C
3			A B C

**\*Specimen Signature****Foreign Country Tax Information Declaration**

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Signature of Party Two \_\_\_\_\_

NOTE: If adding a person with Enquiry Access Only, complete fields marked with\*.

PARTY THREE of \_\_\_\_ (only complete if this party is not already on the membership or if any details require updating)

**Existing relationship with Heritage**

Do you have an existing relationship with Heritage (Y/N): \_\_\_\_ For example, do you have a membership or are you listed as a signatory on another membership.

If yes, list existing member number: \_\_\_\_\_

**Party type (relationship)**PARTY ONE:  Authorised Signatory  Power of Attorney  Executor  Token Holder  \*Enquiry Access Only Chairman  Treasurer  Secretary (✓ to select appropriate party type, may select more than one party type if appropriate)**Personal details**

\*Title: \_\_\_\_\_ \*Surname: \_\_\_\_\_

\*Given names: \_\_\_\_\_ Commonly known as: \_\_\_\_\_

\*First school attended: \_\_\_\_\_

\*Mother's maiden name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_ Drivers licence: \_\_\_\_\_

**\*Residential address details**

Property: \_\_\_\_\_ Unit/flat #: \_\_\_\_\_ House #: \_\_\_\_\_

Street: \_\_\_\_\_ Street type: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Mailing address details**

Mail address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**\*Contact details**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Other: \_\_\_\_\_ If other, relationship: \_\_\_\_\_

**Foreign Tax residency certification**Are you, for Tax purposes, a resident of any country other than Australia?  No  Yes

If YES, please complete the below "Common Reporting Standard details: Resident of a foreign country" section to complete your application. \_\_\_\_\_

**Common Reporting Standard details: Resident of a foreign country**

	Country / Jurisdiction of Tax residence	TIN (Taxpayer Identification Number)	If no TIN available, select reason: A The country/jurisdiction where the Account Holder is resident does not issue TINs B Unable to provide to the bank due to the law by country/Jurisdiction of tax residence C Unable to obtain a TIN or equivalent (please state reason why)
1			A B C
2			A B C
3			A B C

**\*Specimen Signature****Foreign Country Tax Information Declaration**I/we declare: - that the information provided in this form is correct and reflects my/our tax residency status;  
- that I/we will update Heritage immediately if my/our tax residency status is to change in the future.

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Signature of Party Three \_\_\_\_\_

NOTE: If adding a person with Enquiry Access Only, complete fields marked with\*.

**PARTY FOUR of \_\_\_\_ (only complete if this party is not already on the membership or if any details require updating)**

**Existing relationship with Heritage**

Do you have an existing relationship with Heritage (Y/N): \_\_\_\_ For example, do you have a membership or are you listed as a signatory on another membership.  
 If yes, list existing member number: \_\_\_\_\_

**Party type (relationship)**

**PARTY ONE:**  Authorised Signatory  Power of Attorney  Executor  Token Holder  \*Enquiry Access Only  
 Chairman  Treasurer  Secretary (✓ to select appropriate party type, may select more than one party type if appropriate)

**Personal details**

\*Title: \_\_\_\_\_ \*Surname: \_\_\_\_\_  
 \*Given names: \_\_\_\_\_ Commonly known as: \_\_\_\_\_  
 \*First school attended: \_\_\_\_\_  
 \*Mother's maiden name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_ Drivers licence: \_\_\_\_\_

**\*Residential address details**

Property: \_\_\_\_\_ Unit/flat #: \_\_\_\_\_ House #: \_\_\_\_\_  
 Street: \_\_\_\_\_ Street type: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Mailing address details**

Mail address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**\*Contact details**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Other: \_\_\_\_\_ If other, relationship: \_\_\_\_\_

**Foreign Tax residency certification**

Are you, for Tax purposes, a resident of any country other than Australia?  No  Yes  
 If YES, please complete the below "Common Reporting Standard details: Resident of a foreign country" section to complete your application. \_\_\_\_\_

**Common Reporting Standard details: Resident of a foreign country**

	Country / Jurisdiction of Tax residence	TIN (Taxpayer Identification Number)	If no TIN available, select reason: A The country/jurisdiction where the Account Holder is resident does not issue TINs B Unable to provide to the bank due to the law by country/Jurisdiction of tax residence C Unable to obtain a TIN or equivalent (please state reason why)
1			A B C
2			A B C
3			A B C

**\*Specimen Signature**

**Foreign Country Tax Information Declaration**  
 I/we declare: - that the information provided in this form is correct and reflects my/our tax residency status;  
 - that I/we will update Heritage immediately if my/our tax residency status is to change in the future.  
 I/we acknowledge that the information contained in this form and information regarding the Account Holder(s) and any Reportable Account(s) may be provided to the Australian Taxation Office and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder(s) may be tax resident pursuant to intergovernmental agreements to exchange financial account information.  
 Signature of Party Four \_\_\_\_\_  
 NOTE: If adding a person with Enquiry Access Only, complete fields marked with\*.