



LAIKI BANK (AUSTRALIA) LIMITED ABN 44 093 488 629 AFSL 243 444
PH: 1300 888 700

Personal Account Application - Individual

Bank Use Only This A/C No: [: : : : :]
 Primary Officer [] Officer 2 []

Please write the purpose of the account you would like to establish: [e.g savings, to credit wages, pay expenses, etc]

Product Type: []
 Please Tick Currency Type: AUD USD EUR GBP NZD JPY CHF

TERM DEPOSIT DETAILS (If Applicable)

Amount	\$ []	Term: (maximum in Months or Days) (Please circle) []	Interest Rate: [] %
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Interest Payment: (Please tick one of the two options)
 At maturity or Transfer Monthly to nominated LBA account: [: : : : : : : :]
(Only available for 1yr Term Deposit. Conditions apply, Please see PDS for more details)

Note: Fees and Charges may be applicable for methods of payment other than cash. Please see Fees & Charges PDS for more details

1 Personal Details

Applicant 1		Applicant 2	
Surname	[]	Title:	[]
Given Names (First and Middle Names)	[]		
Other Names (Otherwise known as)	[]		
Date of Birth	[] / [] / [] Sex: <input type="checkbox"/> M <input type="checkbox"/> F	[] / [] / []	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Home Address (Overseas address for non-resident)	[]	Postcode:	[]
Postal Address	[]	Postcode:	[]
Contact Details	H: [] W: [] M: []	H: [] W: []	M: []
Occupation	Employers Name: []	Employers Name:	[]
Country of Birth	[]		
Residency Status	Australian Citizenship: Yes / No If No Specify Country of Residence: []	Australian Citizenship: Yes / No If No Specify Country of Residence: []	
Do you believe that you would be defined as a PEP or Are you directly related to a PEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*if more than 2 applicants please attach separate page/s.

Politically Exposed Persons - Are Individuals who are or have been entrusted with prominent public functions in a foreign country. e.g Senior Politicians, Senior Government, Heads of State, Judicial or Military Officials, Senior Executives of State Owned Corporations, important Political Party officials.

2 Notification of Australian Tax File Number or Exemption

To quote your TFN or claim an exemption complete the TFN Section below. Remember:

- You do not have to quote your TFN for all or any of your accounts.
- If you choose not to quote your TFN your interest payments may be taxed at the maximum rate.
- Some people are eligible to claim an exemption, these include most pensioners and many children under the age of 16.
- Please phone your nearest Tax Office for more information.

Please tick one box only
 I wish to quote my TFN or Exemption below I do not wish to quote my TFN or Exemption below
 A TFN exemption applies if a Child under 16 years of age earns less than \$420.00 per year (pro-rata) in interest. If interest earned is in excess of \$420 p.a (i.e. \$35 per month for any month), a TFN for the child needs to be lodged otherwise maximum withholding tax applies.

Exemption Reason: 1. [] 2. []

Acknowledgement that you are aware of the Notification of Australian Tax File Number or Exemption requirements

Signature Required

[] Signature of Applicant 1 [] Signature of Applicant 2 (if required)

WRITE YOUR TAX FILE NUMBER - (Branch Staff - Detach and destroy this section only after input)

Print First Names:

1. [] **Tax File Number** - if you do not want a joint account holder to see your TFN, please ask for a separate notification form. 1. [: : - : : - : :]

2. [] 2. [: : - : : - : :]

3 Authority to Operate and Mode of Operation

(a) I authorise and direct Laiki now and at all times in the future:

- to establish in my name any banking account which Laiki is prepared to establish including any account which I may wish to conduct as a trustee for any other person(s);
- to debit each account from time to time with government and bank charges;
- to act upon this authority until Laiki receives written notice from me that it may no longer do so;
- to exercise the banker's right to combine accounts;
- to permit any signatory who is authorised by me to operate an account to give receipts for monies withdrawn from, and to endorse instruments that may be paid to the credit of, that account;
- without prejudice to Laiki's rights at law and in equity, if there is more than one Accountholder and one of them dies, to pay any credit balance in an account to the surviving Accountholder; and
- to allow the additional signatories (if any) whose names and signatures appear in paragraph (d) below to operate accounts in accordance with the Mode of Operation specified in this Authority.

- if there is a dispute regarding an account(s) Laiki may, in its absolute discretion, close or suspend the account(s) until, in Laiki's opinion, the dispute has been resolved;
- this Authority supersedes any previous Authority I have given Laiki with respect to the same subject matter;
- if an account is overdrawn the debit balance will be due and payable to Laiki immediately, without Laiki having to make demand, and interest will accrue on any such debit balance at the highest rate charged by Laiki in respect of similar overdrawings at that time; and
- accounts must be conducted in accordance with Laiki's conditions of use issued from time to time in respect of such accounts and cards.

(c) where there is more than one Accountholder, I/we acknowledge that:

- my liability to Laiki is joint and several with the other Accountholder(s);
- in this Application the Applicant may be referred to as "I" "me" and "my" and these pronouns will be taken to mean, respectively, "we", "us" and "our" where there is more than one Applicant.
- the bank may accept for the credit of the account any cheque or other negotiable instrument payable to any one or more of us; and
- the bank is not obliged to enquire into the circumstances of any instructions I/we give in relation to the conduct of my/our joint account. The bank is not liable for any loss or damage I/we or anyone else suffers due to the bank acting on those instructions in good faith.

(b) I agree that:

- I will pay government and bank charges in respect of each account;

Method of Operation:

The banking facilities pursuant to this are to be operated by:

- Either Applicant
 Applicant 1 only
 Applicant 2 only
 Both Applicant (VISA Debit Card cannot be ordered if more than one signature required to operate)
- Other - Please specify: _____

Are there any Additional Signatories to this account?
 No
 Yes
 If Yes, Additional Signatories and Mode of Operation are to be listed on form LB0021 (Please complete this form for all Additional Signatories)

4 Laiki Bank VISA Debit Card Please note: Card access is only available to approved customers on selected accounts

Applicant 1

Do you require an VISA Debit Card to access your account?

- Yes
 No

Name to appear on Laiki Bank Access Card:

(maximum 19 characters including spaces)

Before signing this authority, please ensure that all alterations have been initialled and blank spaces ruled through.

Signature Applicant 1

X

Applicant 2

*if more than 2 applicants please attach separate page/s.

Do you require an VISA Debit Card to access your account?

- Yes
 No

Name to appear on Laiki Bank Access Card:

(maximum 19 characters including spaces)

Signature Applicant 2

X

LAIKI STATEMENT re CREDIT REPORTING

The Privacy Act 1988 regulates the way in which credit providers are able to use personal information provided by their customers. Laiki requires certain personal information from you so that it can assess this Application.

Laiki may give information about you to a credit reporting agency for any of the following purposes:

- to obtain a consumer and commercial credit report about you; and/or
- to allow the credit reporting agency to create or maintain a credit information file containing information about you.

Examples of such information are:

- identity particulars such as your name, sex, date of birth, address (and two previous addresses), name of employer and driver's

licence number;

- the fact that you have applied for credit and the amount;
- the fact that Laiki is a credit provider to you;
- information about loan repayments that are overdue by more than 60 days, and for which debt collection action has begun;
- advice that loan repayments are no longer overdue in respect of any default that has been listed;
- information about cheques for an amount greater than \$100.00 drawn by you which have been dishonoured more than once;
- Laiki's opinion that you have committed a serious credit infringement.

5 eBanking (Internet banking)

Do you require internet banking? No Yes - eBank Registration form LB0308 is required to be completed

6 Cheque Book Facility (If required)

Do you require a cheque book facility on this account? Yes No
(Only applicable for specific accounts. Please see PDS for more details)

Privacy of Personal Information

The Personal Information requested on this document is required by Laiki in the course of banking services provided to you. You may, on request, access the information we have collected from you. Should you decline to provide us with the information requested in this document we would not be in a position to assist you with our banking services. Laiki reserves the right to refuse to provide you with banking services if you have not provided the required information. Further information on Laiki's privacy practices is available on request.

7 Application Declaration - All Applicants to Sign

I/We confirm that all details provided on this form are correct. I/We consent to the use of my personal information as provided for in this document and I/We consent to the bank verifying this information or any document, I/we have provided the bank in support of this application (using internal or external methods). I/We confirm that I/We have received, read and understood all parts of the Product Disclosure Statement and Financial Services Guide and accept all the terms and conditions contained therein.

I/We confirm that if a method of payment, other than cash is requested by me/us, that fees and charges are payable for the selected method.

If I/We are applying for the Laiki Bank VISA Debit Card, I/We understand and agree to the bank obtaining a consumer or commercial credit report for the purpose of fraud prevention and I/we understand that approval of this application may be based on a satisfactory credit reference report.

Before signing this authority, please ensure that all alterations have been initialled and blank spaces ruled through.

Print Name of Applicant 1

Print Name of Applicant 2 (if applicable)

Signature Applicant 1 (please keep signature inside the box)

Signature Applicant 2 (please keep signature inside the box)

Print Name of Applicant 3 (if applicable)

Print Name of Applicant 4 (if applicable)

Signature Applicant 3 (please keep signature inside the box)

Signature Applicant 4 (please keep signature inside the box)

BANK USE ONLY

Product Code

- Identification form completed YES NO
- Identification documents accepted and verified (and photocopied where applicable) (all applicants) YES NO
- TFN Acknowledgement has been signed by the applicant/s YES NO
- TFN or Exemption has been applied YES NO
- Section displaying TFN has been detached from form YES NO
- All parts of the PDS has been given to the applicant/s YES NO
- Foreign address has been evidenced and photocopied (if applicable) YES NO N/A
- Alternate address P.O. Box is only at account level (if applicable) YES NO N/A
- Signature/s have been scanned and attached to the account YES NO
- Cheque Book ordered (if applicable) YES NO N/A
- Approval for VISA Debit Card attached (if applicable) - see below YES NO N/A
- VISA Debit Card ordered (if applicable) - see below YES NO N/A
- EBanking form completed (if applicable) YES NO N/A
- Application checked and accepted YES NO

Print Name - Processing Officer

Signature - Processing Officer

Date

Print Name - Branch Operations Manager

Signature - Branch Operations Manager

NOTES

Account Status Not Restricted (tick box):

Mode of operation allows cards to be issued: YES NO

Card Applicant 1

Other LBA facilities CRAA attached

Card Applicant 2

Other LBA facilities CRAA attached

Card Applicant 3

Other LBA facilities CRAA attached

Card Applicant 4

Other LBA facilities CRAA attached

Print Name - Card Authorising Officer

Signature - Card Authorising Officer

Card Number Issued - Applicant 1

Date

Card Number Issued - Applicant 2

Date

Card Number Issued - Applicant 3

Date

Card Number Issued - Applicant 4

Date

Print Name - Card Ordering Officer

Signature - Card Ordering Officer

Print Name - Card Checking Officer

Signature - Card Checking Officer