

Personal Account Application - Individual

Are you an existing customer? No Yes - Account No:

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

1 Personal Details

	Applicant 1	Applicant 2
Title		
Surname		
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:	Postcode:
Postal Address (if different to home address)	Postcode:	Postcode:
Contact Details	H:	H:
	M:	M:
	W:	W:
	Email:	Email:
Country of Birth:		
Other Languages Spoken:		
Residency Status (Please circle)	Australian Citizen: Y / N Norfolk Island Resident: Y / N Non Resident: Specify Country: _____ Passport No: _____	Australian Citizen: Y / N Norfolk Island Resident: Y / N Non Resident: Specify Country: _____ Passport No: _____
Residential Status (Please circle)	Owned: Y / N Mortgaged: Y / N Rented: Y / N Boarding: Y / N Living with Parents: Y / N	Owned: Y / N Mortgaged: Y / N Rented: Y / N Boarding: Y / N Living with Parents: Y / N
Employment Status (Please Circle)	Full Time Part Time Casual Self Employed Other:	Full Time Part Time Casual Self Employed Other:
Occupation		
Employers Trading Name		
Address		
	Postcode:	Postcode:
Phone Number	()	()
Date Commenced		
Salary (approx range)	\$	\$
Do you believe that you would be defined as a Politically Exposed Person or Are you directly related to a Politically Exposed Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

TERM DEPOSIT DETAILS (If Applicable)

Amount	\$	Term: (maximum in Months or Days) <small>(Please circle)</small>	<input type="text"/>	Interest Rate:
Interest Payment: <small>(Please tick one of two options)</small>				
<input type="checkbox"/> At maturity	or	<input type="checkbox"/> Transfer Monthly to nominate LBA account:	<input type="text"/>	%
<small>(Only available for 1yr Term Deposit. Conditions apply. Please see PDS for more details)</small>				
Note: Fees and Charges may be applicable for methods of payment other than cash. Please see Fees & Charges PDS for more details				

Opening Deposit Amount
excluding Term Deposit

\$

Note: Your account may not be opened until funds have actually been received and deposited.

2 Authority to Operate

- (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:
- (i) my liability to Laiki is joint and several with the other Accountholder(s);
 - (ii) 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.
 - (iii) 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
 - (iv) 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.
- (d) (where applicable), the Additional Signatories are listed on form LB0021 for Additional Signatories.

- (b) I agree that:
- I will pay government and bank charges in respect of each account;

(Please complete this form for all Additional Signatories.)

Are there any Additional Signatories to this account? Yes No

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.

3 Notification of Australian Tax File Number or Exemption

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

Notification of Australian Tax File Number or Exemption (Optional)

Collection of Tax File Numbers is authorised by law. The bank discloses your Tax File Number to the Tax Office. You do not have to quote your Tax File Number. Tax may be taken out of your interest if you don't quote your Tax File Number or an exemption.

Print First Names:

1.

2.

Exemption Reason:

1.

2.

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.

4 Mode of Operation

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

- Either Applicant Applicant 1 Only Applicant 2 Only Both Applicants (Laiki Bank VISA Debit Card cannot be ordered if more than one signature is required to operate)
- Other (Please specify)

5 Laiki Bank VISA Debit Card

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

Applicant 1

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

- Yes No

Name to appear on Card:

(maximum 19 characters including spaces)

Applicant 2

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

- Yes No

Name to appear on Card:

(maximum 19 characters including spaces)

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.

Cheque Book Facility

Do you require a cheque book facility on this account?
(Only applicable for specific accounts. Please see PDS for more details)

- Yes No

How did you hear about Laiki Bank (Australia)?

- Newspaper
 Radio
 Referred by a friend or family member
 Other: _____

Do you wish to be included in our Direct Mailing Campaigns? Yes No

6**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 confirm 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.

A large, empty rectangular box with a black border, intended for the signature of Applicant 1.

Signature Applicant 1 (please keep signature inside the box)

A large, empty rectangular box with a black border, intended for the signature of Applicant 2.

Signature Applicant 2 (please keep signature inside the box)

BANK USE ONLY

Account Number

Product Code

9 : 4 : 2 - : :

: : : : : : : : :

IDENTIFICATION	Applicant 1 - CIF NO:	Applicant 2 - CIF NO:
Type of Documentation Expiry date Identification Number	Verified: <input type="checkbox"/> YES <input type="checkbox"/> NO	Verified: <input type="checkbox"/> YES <input type="checkbox"/> NO
Type of Documentation Expiry date Identification Number	Verified: <input type="checkbox"/> YES <input type="checkbox"/> NO	Verified: <input type="checkbox"/> YES <input type="checkbox"/> NO
Type of Documentation Expiry date Identification Number	Verified: <input type="checkbox"/> YES <input type="checkbox"/> NO	Verified: <input type="checkbox"/> YES <input type="checkbox"/> NO

- Application checked and accepted NO YES
- (If applicable) Alternate address P.O Box is only at account level NO YES
- (If applicable) Foreign address has been evidenced NO YES
- TFN or Exemption has been applied and detached from form NO YES
- Signature/s have been scanned and attached to the account NO YES

Print Name - Authorising Officer

Signature - Authorising Officer

Date

X

: | : | : : :

NOTES

Account Status Not Restricted (tick box):

Mode of operation allows cards to be issued: YES NO

Card Applicant 1

- Existing Customer > 3 months since Other LBA facilities CRAA attached
- New Customer < 3 months

Card Applicant 2

- Existing Customer > 3 months since Other LBA facilities CRAA attached
- New Customer < 3 months

Print Name - Card Authorising Officer

Signature - Card Authorising Officer

X

Card Number Issued - Applicant 1

Date

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

: | : | : : :

Card Number Issued - Applicant 2

Date

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

: | : | : : :

Print Name - Card Ordering Officer

Signature - Card Ordering Officer

X