



LAIKI eBANK Registration Only

LAIKI eBANK Registration - For existing customers only (Personal or Business)

HOW TO REGISTER

In order to register you will need to be a Laiki Bank Australia customer with at least one account which can be accessed through internet banking. All we require is that you are an **account holder**, or have been authorised by an account holder, and have the authority to operate these accounts individually (but not by way of Power of Attorney or Procurator Authority). If you do not have individual authority you will not be able to transact via eBANK.

The types of accounts that can be accessed through Internet Banking are: Loan Account, Express Account, Essential Saver Account, S-Zone Account, Retirement Deeming Account, Cash Management Account, Laiki Maximiser Account, Some Business Cheque Accounts, Home Equity Maximiser Account, and Term Deposit Account, and Cash Management Growth Account.

Please Note: For some accounts, 'access' is by way of *enquiry only*.

If you require any assistance, please contact us at any Laiki Bank branch or call us on 1300 880 760 between 9.00am and 5.00pm (AEST), Monday to Friday.

Personal Applicants

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <small>Please Specify</small>	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's Licence No.	
Given Names <small>(First and Middle Names)</small>	Surname				
Name/s Otherwise known as (if any)	Date of Birth		: : : : :		
Home Address	Postal Address <small>(if different to home address)</small>		Postcode		
Contact Details	Home ()	Mobile			
	Business ()	Email		Send Email Alerts to this address <input type="checkbox"/> Yes <input type="checkbox"/> No	

Business Applicants

Business Name	Postal Address	
Name of Contact Person		Postcode
Contact Details	Business ()	Mobile
	Fax ()	Email
		Send Email Alerts to this address <input type="checkbox"/> Yes <input type="checkbox"/> 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.

PASSWORD - For Personal or Business Customers NOT for eBANK log on

We need a password in case we need to identify you under certain circumstances. We may ask you to confirm your password when calling to activate your eBANK logon or if you have difficulty whilst using LAIKI eBANK and require assistance from us. The password can be numbers, letters or a combination of both.

Your Nominated Password:

(Minimum 6 Characters, Maximum 12 Characters)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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When can you start using LAIKI eBANK?

We will process your application as soon as we receive it.

LAIKI eBANK PIN numbers cannot be issued until your authority is verified by your branch. We will also mail, to your postal address, the following:

- Subscriber number including customer confirmation for LAIKI eBANK (Internet Banking Service)
- Terms and Conditions for Electronic Banking
- Your unique PIN number for you to access LAIKI eBANK. *(This will be mailed separately).*

Do you wish to receive product and/or promotional information by Direct Mail? Yes No

Do you wish to receive product and/or promotional information by Email? Yes No

(If yes, please ensure you have provided your email on page 1)

ACCESS TO ACCOUNTS

Please provide details of Accounts to be linked to Laiki eBank

BSB Number	Account Number	Enquiries	Transactions	Account Holder Signature
9 : 4 : 2 : - : :		<input type="checkbox"/>	<input type="checkbox"/>	
9 : 4 : 2 : - : :		<input type="checkbox"/>	<input type="checkbox"/>	
9 : 4 : 2 : - : :		<input type="checkbox"/>	<input type="checkbox"/>	
9 : 4 : 2 : - : :		<input type="checkbox"/>	<input type="checkbox"/>	
9 : 4 : 2 : - : :		<input type="checkbox"/>	<input type="checkbox"/>	

APPLICANT DECLARATION

I authorise you to grant access to me through LAIKI eBANK for accounts listed above and future Laiki Bank Australia accounts.

I acknowledge that the information stated on this form is correct. I also acknowledge, if I have indicated on this form, that Email Alerts will be sent by the bank to my nominated email address appearing on this form. It is my responsibility to inform the bank of any change to this email address.

I have read and understood the LAIKI eBANK legal terms and information on Internet Security found at www.laikibank.com.au and by executing this document agree to be bound by that information in my use of LAIKI eBANK.

I authorise the Bank to debit any fees that may be charged from time to time for my use of the LAIKI eBANK Internet facility as referred to in the Terms and Conditions for Electronic Banking and Fees & Charges PDS. Fees that apply to LAIKI eBANK may be found in the Fees & Charges PDS available at any branch or at www.laikibank.com.au.

I acknowledge that the Terms and Conditions for Electronic Banking will be given to me as soon as possible. My acceptance and agreement to the Terms and Conditions of Electronic Banking and other associated Terms & Conditions will be indicated by my first use of LAIKI eBANK.

Please sign and date this form before you mail or hand it in.

Signature of Applicant

X

Date : | : | : : :

There are 2 ways of returning this completed form:

1. Hand form in at any Laiki Bank Branch or

2. Mail to: LAIKI eBANK Team
Laiki Bank (Australia)
GPO Box 4288
Sydney NSW 2001

Verifying Branch

Bank Use Only

9 : 4 : 2 : - : :

Received Date:

: | : | : : :

Account Number	Existing Mode of Operation confirmed and account/type status not restricted	Signature/s Verified	Initials	Access Level
: : : : : :	<input type="checkbox"/> Yes (Either one to operate) <input type="checkbox"/> No (More than one to operate)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full Access <input type="checkbox"/> Enquiry Only
: : : : : :	<input type="checkbox"/> Yes (Either one to operate) <input type="checkbox"/> No (More than one to operate)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full Access <input type="checkbox"/> Enquiry Only
: : : : : :	<input type="checkbox"/> Yes (Either one to operate) <input type="checkbox"/> No (More than one to operate)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full Access <input type="checkbox"/> Enquiry Only
: : : : : :	<input type="checkbox"/> Yes (Either one to operate) <input type="checkbox"/> No (More than one to operate)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full Access <input type="checkbox"/> Enquiry Only
: : : : : :	<input type="checkbox"/> Yes (Either one to operate) <input type="checkbox"/> No (More than one to operate)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full Access <input type="checkbox"/> Enquiry Only

Print Name - Authorising Officer

Signature - Authorising Officer

X

eBANK Subscriber No

Application Checked and Accepted

Date

: | : | : : :