



Date:	
Membership No:	

**Personal Membership Application Form**

**Individual or Joint Persons**

	Title	Surname	Given Names
1			
2			
3			
4			

	Dates Of Birth	Drivers Lic No	Exp Date	Occupation
1				
2				
3				
4				

**Current Residential Address**


**Current Postal Address**


**Previous Residential Address**


**Phone & Contact Details**

Work		Mob	
Home		Email	

**Method of Operation**


## Personal Membership Application Form

### Membership Declaration

I/We hereby apply for membership and one four dollar(\$4.00) per member in Goldfields Credit Union Limited(GCU). I/We acknowledge that upon becoming a member of GCU, I/We are bound by the constitution of GCU as governed by the Corporations Act 2001(Cth), and as altered from time to time. I/We understand that collection of my Tax File Number(TFN) or Exemption is authorised and their use and disclosure are strictly regulated by the law and the Privacy Act 1988 (Cth). I/We understand that quoting my TFN is not compulsory bu failing to do so may result in withholding tax being deducted from my interest earned. I/We understand that my TFN will be applied to all accounts under this membership unless I/We specifically request otherwise. The Australian Taxation Office(ATO) has specific laws on Savings and Investment accounts in regard to TFN and this information can be obtained from the ATO.

I/We understand that GCU will collect personal information from me as required by the Anti-Money Laundering and Counter Terrorism Financing Act 2006(Cth)(AML/CTF Act) and that it may take steps to verify the information it has collected. I/We consent to the collection, use,handling,disclosure and verification of information provided as required by the AML/CTF Act. I/We understand that if I/we provide GCU with incomplete or inaccurate information that GCU may not be able to provide me/us with the products and/or services I/we are seeking. I/We believe the above details to be true and correct. I/We acknowledge it is an offence under the AML/CTF Act to give false and misleading information

### Authorised Signatories Making Membership Declaration

	Title	Surname	Given Names	Signature
1				
	TFN			Link No:
2				
	TFN			Link No:
3				
	TFN			Link No:
4				
	TFN			Link No:

### AML/CTF Scoreline Risk Rating

Score	Rating	Dated
Completed By	Signature	