extended privacy request form

Dnister Ukrainian Credit Co-operative Ltd
ABN 59 087 651 394 | AFSL / Australian Credit Licence 240673 | BSB 704 235
Head Office : 912 Mt Alexander Road, Essendon VIC 3040 | PO Box 569 Essendon North 3041 | P 1800 353 041
dnister.com.au | admin@dnister.com.au

member details

Member Number [   ]   Name [   ]

contact details

[ ] My contact details have not changed and are current

[ ] or / update my contact details as follows:

Registered Address
[   ]
[   ]

Suburb [   ]

State [   ]   Postcode [   ]

Postal address
[   ]

Suburb [   ]

State [   ]   Postcode [   ]

Phone [   ]

Mobile [   ]

Email [   ]

ways I will access my accounts

[ ] I confirm that I would like to limit my access to my accounts and will be viewing / transacting as follows :

[✓] Internet Banking (including Business Banking)

[✓] Regular Statements (including eStatements)

[✓] Cuecard / Visa Debit Card (withdraw funds)

endorsed staff

I/We understand that access to my account/s is limited to Executive Level employees of the Co-operative. I also request that the following staff member/s to have access in the event that I require over the counter / phone assistance with my transactions.

[   ]
[   ]
[   ]
[   ]
[   ]
[   ]

reason for request

[   ]

declaration

I/We acknowledge and understand that by requesting extended privacy on our membership we are limiting member services general support and servicing capability. I/We understand that in the event that we require assistance by means of historical information or over the counter transactions that non-endorsed staff will not be able to assist. I/We also understand that we may change this arrangement as required in writing. I/We understand that in the event where deemed required, and in line with our policies and proceedures, the Co-operative may allow access from time to time to other members of staff.

Please forward the **completed and signed application to Dnister** by mail.
If you have any queries or require further assistance please contact our Member Services team.

signatory 1

Full name [   ]

Signature [   ]

Member no. [   ]   Dated [   ]

signatory 2

Full name [   ]

Signature [   ]

Member no. [   ]   Dated [   ]

Office use only (ICT Department)

Approved by [   ]   Date [   ]   System Admin [   ]

Processed by [   ]   Date [   ]