Transcomm Credit Co-operative Limited
trading as Transcomm Credit Union
99 King Street, Melbourne VIC 3000
Phone 03 9629 4484 Facsimile 03 9629 4130
ABN 54 087 651 750 AFSL 245 606

TRANSCOMM CREDIT UNION

Membership Application

Membership No.

Primary Member Details (Please use BLOCK LETTERS)

Mr/Mrs/Miss/Ms	Surname	Given Names
Residential Address		Postcode
Postal Address		Postcode
Phone Numbers	Home ( )	Work ( )
	Mobile ( )	Fax ( )
Employer		
Work Address		Postcode
Email Address		
Telephone Security		Date of Birth / /

Secondary Member Details (Note: If this is a joint account, it will be ***either to sign***)

Mr/Mrs/Miss/Ms	Surname	Given Names
Residential Address		Postcode
Postal Address		Postcode
Phone Numbers	Home ( )	Work ( )
	Mobile ( )	Fax ( )
Employer		
Work Address		Postcode
Email Address		
Telephone Security		Date of Birth / /

- ☐ I require ATM access
- ☐ I require a Transcomm Deposit Book
- ☐ I wish to apply for a Personal Cheque Book
- ☐ I wish to receive a full copy of the Annual Report
- ☐ No Contact / No Call Register

How did you hear about us?

1. I/We apply to be admitted as a Member of Transcomm Credit Co-operative Limited and to purchase five $2.00 shares and pay a joining fee in accordance with the Constitution and agree to be bound by the Constitution, and any amendments thereof in accordance with Corporations Law.
2. Upon approval of this Application and when shares are allotted I/we agree to pay all charges as may be required.
3. I/We have received and read a copy of the Product Disclosure Statement (PDS), General Terms and Conditions brochure, Interest Rate brochure and the Schedule of Fees and Charges applicable to my/our accounts.

Signature of Applicants Primary Secondary

Witness Date / /