

Please complete all sections of this form, and return it to your CDF Relationship Manager with a copy of all required Identity Documents, alternatively you can email this to csg@melbcdf.org.au

Account Holder Details

Organisation Name	CDF Member Number
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
Postal Address (if different from above)	
<input type="text"/>	
Phone number	
<input type="text"/>	

Nominated Contact Person for this Application

Full Name	Role
<input type="text"/>	<input type="text"/>
Email	Mobile
<input type="text"/>	<input type="text"/>

New Account Details

Account Description

Number of Signatories required to sign or co-sign to transact on this account Any One Any Two All

Number of Signatories required to sign or co-sign to amend this account Any One Any Two All

Do you require a Deposit Book? Yes No

If Yes, will you make deposits at Australia Post branches? Yes No

Authorised Signatories

Please enter the full legal name of each signatory, exactly as it appears on Government Identification. *Denotes a mandatory field.

Signatory 1

Title	First Name*	Middle Name(s) (if any)	Last Name*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.O.B.* (dd/mm/yyyy)	Email*		Mobile*
<input type="text"/>	<input type="text"/>		<input type="text"/>
Address*			
<input type="text"/>			
Postal Address (if different from above)			
<input type="text"/>			

Does this person currently sign on other accounts for your Organisation? Yes No

If No, please complete a [Certificate of Identity](#) and a [NAB Specimen Signature Card](#)

Account Authority Level* Authority to Transact (ATO) Authorising Party (AUP)

CDF Online Designated Access Capability* Data Entry Enquiry Only Full Access

Daily Authorisation Limit* \$ (Full Access Only)

Signatory 2

Title	First Name*	Middle Name(s) (if any)	Last Name*

D.O.B.* (dd/mm/yyyy)	Email*	Mobile*

Address*

Postal Address (if different from above)

Does this person currently sign on other accounts for your Organisation? Yes No

If No, please complete a Certificate of Identity and a NAB Specimen Signature Card

Account Authority Level* Authority to Transact (ATO) Authorising Party (AUP)

CDF Online Designated Access Capability* Data Entry Enquiry Only Full Access

Daily Authorisation Limit* \$ (Full Access Only)

Signatory 3

Title	First Name*	Middle Name(s) (if any)	Last Name*

D.O.B.* (dd/mm/yyyy)	Email*	Mobile*

Address*

Postal Address (if different from above)

Does this person currently sign on other accounts for your Organisation? Yes No

If No, please complete a Certificate of Identity and a NAB Specimen Signature Card

Account Authority Level* Authority to Transact (ATO) Authorising Party (AUP)

CDF Online Designated Access Capability* Data Entry Enquiry Only Full Access

Daily Authorisation Limit* \$ (Full Access Only)

Signatory 4

Title	First Name*	Middle Name(s) (if any)	Last Name*

D.O.B.* (dd/mm/yyyy)	Email*	Mobile*

Address*

Postal Address (if different from above)

Does this person currently sign on other accounts for your Organisation? Yes No

If No, please complete a Certificate of Identity and a NAB Specimen Signature Card

Account Authority Level* Authority to Transact (ATO) Authorising Party (AUP)

CDF Online Designated Access Capability* Data Entry Enquiry Only Full Access

Daily Authorisation Limit* \$ (Full Access Only)

[Please continue overleaf](#)

Authorising Signatures

- This section must be signed in line with the number of signatories required to co-sign to amend this account, as per the Account Details section of this form.
- All accounts require a minimum of one signatory with the account authority level "Authorising Party".
- A physical "wet" signature is required.

By signing this authority, you confirm on behalf of the Account Holder:

- You have the authority to make this request on behalf of the Account Holder listed in the Account Holder Details.
- You agree to comply with all Terms and Conditions related to the account and CDF Online – available [here](#)
- You agree to a NAB Cheque Link Account being established and that you will abide by NABs account Terms and Conditions
- All account signatories will be identified using CDFs Electronic Verification of Identity process, using the information provided in the Certificate of Identity and NAB Specimen Signature Card. Should signatories be unable to be identified, they will not be added to your account, and CDF will contact the Account Holder to take further instructions.

The CDF Electronic Verification of Identity Statement is available [here](#).

Signatory A

Full Name

Role

Date (dd/mm/yyyy)

Signature

Signatory B

Full Name

Role

Date (dd/mm/yyyy)

Signature

Disclosure Statement

The Fund is required by law to make the following disclosure. Investment in the Fund is only intended to attract investors whose primary purpose for making their investment is to support the charitable purposes of the Fund. Investors' funds will be used to generate a return to the Fund that will be applied to further the charitable works of the Archdiocese of Melbourne and the Dioceses of Sale, Bunbury and Ballarat. The Fund is not prudentially supervised by the Australian Prudential Regulation Authority nor has it been examined or approved by the Australian Securities and Investments Commission (ASIC). An investor in the Fund will not receive the benefit of the financial claims scheme or the depositor protection provisions in the Banking Act 1959 (Cth). The investments that the Fund offers are not subject to the usual protections for investors under the Corporations Act (Cth) or regulation by ASIC. Investors may be unable to get some or all of their money back when the investor expects or at all and investments in the Fund are not comparable to investments with banks, finance companies or fund managers. The Fund's identification statement may be viewed [here](#) or by contacting the Fund. The Fund does not hold an Australian Financial Services Licence.

Privacy Policy

Click [here](#) to review.