



Islamic Co-operative Finance Australia Ltd

22 Auburn Road, Suite 6, Auburn Chambers, Auburn, NSW 2144

Membership – Institution

Name of the Institution:

Type of the Institution (circle one): Company/Trust/Association/SMSF/Others

ABN No/registration No (Attach a copy of ABN or other registration document):

Address of the Institution.....

.....Post code:Contact Tel:

Fax..... Email:

Beneficiary Details: As per deed or similar document (attach a copy). Provided below (attach additional beneficiary in separate page. ICFA does not take responsibility if change of beneficiary is not informed properly)

Name of Beneficiaries	Date of Birth	Relation to Institution	Share (%)

Reference Details:

Referee's name	Address	Contact details

Authorised Signatory 1: Name Position

Signature Address:

.....Post code: Contact Tel:

Identification (Drivers licence and passport or similar ID with photo showing current address and Australian residency status):

..... Email:

Authorised Signatory 2: Name Position

Signature Address:

.....Post code: Contact Tel:

Identification (Drivers licence and passport or similar ID with photo showing current address and Australian residency status):

..... Email:



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Authorised Signatory 3: Name Position

Signature Address:

..... Post code: Contact Tel:

Identification (Drivers licence and passport or similar ID with photo showing current address and Australian residency status):

..... Email:

(Attach details of additional signatories if required)

Account to be operated (when more than one signatory): Any one Any two All listed signatories.

Declaration:

I/We acknowledge that I/We read and understood the terms and conditions of membership and hereby apply for membership of ICFA Limited together withshares therein. If membership is approved, I/we agree to be bound by the rules of the cooperative and by any alteration thereof registered in accordance with the cooperative Act, 1992.

Name of Applicant 1 Position

Signature Date: ___/___/___

Name of Applicant 2 Position

Signature Date: ___/___/___

- **Attach evidence of position held by the applicants and authorised signatories listed above, for example copy of the minutes of meeting or part of the signed copy of the deed or similar legal document.**

For Office Use Only

Institutional membership number..... Date joining: ___/___/___

Payment Reference:

Amount of total payment received (incl. Membership fee).....

Authorised Official Name:Signature: