

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 (%)
1			
2			
3			

References Details:

Referee's name	Address	Contacts
1		
2		

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:

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 there of registered in accordance with the cooperative Act, 1992.

Name of Applicant 1Position

Signature Date: ____/____/____

Name of Applicant 2Position

Signature Date: ____/____/____

Name of Applicant 3Position

Signature Date: ____/____/____

Notes: 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: