



Diocesan Development Fund Parramatta

Please return this form to:

10 Victoria Rd, Nth Parramatta

Post Office Box 2605 Nth Parramatta NSW 1750. Ph: 9683 6077

Please send the Original Application Form. We are unable to process applications received by fax.

Office Use Only:

APPLICATION FORM - Individual

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Are you an Existing Client?

Yes

Client Name

Client Number

No

All signatories will be required to supply 100 points of identification when operating an account with the DDF. Please complete an Identification Reference form.

A copy of your Birth Certificate is required if you are under 16.

DETAILS

Account Holder 1

Title Mr Mrs Miss Ms

Surname

Given Names

Postal address

Residential address

Date of Birth

Email

Fax

Mb

Phone

W

H

Account Holder 2

Title Mr Mrs Miss Ms

Surname

Given Names

Postal address

Residential address

Date of Birth

Email

Fax

Mb

Phone

W

H

Providing tax details in not mandatory, however, under the Cash Transaction Legislation, the Taxation Office may deduct 48.5%pa of any interest you earn if you do not provide your Tax File Number or valid exemption details I/We authorise the application of this/these Tax File Number/s (TFN) to all investments held in the name/s below. If not provided interest may be taxed at 48.5% (General Withholding Tax)

Tax File Number

OR

Pension Exempt (Yes/No)

Pension Type (specify)

OR

Child Under 16 TFN Exempt (Yes/No)

Tax File Number

OR

Pension Exempt (Yes/No)

Pension Type (specify)

OR

Child Under 16 TFN Exempt (Yes/No)

SIGNING AUTHORITY (Method of Operation)

Please indicate signing authority for withdrawals

Either to sign

Both to sign

Surname

Other Names

Specimen Signature

1.

2.

JOINT ACCOUNT HOLDERS - Survivorship Clause

The DDF account automatically passes to the survivor and upon presentation of death certificate to the DDF, the account will be transferred into the survivor/s name/s.

If any one or more of us dies, then as far as the Diocesan Development Fund Parramatta is concerned any credit balance in any account held in our joint names will be a debt due to the survivor/s.

Name

Signature

Date

Name

Signature

Date

PLEASE COMPLETE THE REVERSE OF THIS FORM

Disclosure: The Diocesan Development Fund Catholic Diocese of Parramatta (DDF) is not subject to the provisions of the Corporation Act 2001 nor has it been examined or approved by the Australian Securities and Investments Commission. Deposits with DDF are guaranteed by CDPF Limited, a company established by the Australian Catholic Bishops Conference for this purpose. We welcome your investment with the DDF rather than with a profit oriented commercial organisation as a conscious commitment by you to support the Charitable, Religious and Educational works of the Catholic Church. Neither the DDF nor the Trustees of the Roman Catholic Church for the Diocese of Parramatta are prudentially supervised by the Australian Prudential Regulation Authority; contributions to the DDF do not obtain the benefit of the depositor protection provisions of the Banking Act 1959; the DDF is designed for investors who wish to promote the charitable purposes of the DDF.



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ACCOUNT DETAILS

Page 2 of 2

Please tick the account type and deposit details below.

Passbook Savings

AutoSave (Diocesan Staff) *Available via salary deduction only.*

Christmas Saver

Money Market Investment

Fixed Term Deposit Term (3-12 months) Amount \$

I/we require an encoded deposit book for use at the Commonwealth Bank.

I/we wish to transfer funds from another financial institution. Please send me a Direct Debit form.

I am employed by the Parramatta Diocese (CEO, Diocese, Parish, Ministry, etc) and have completed the salary form below.

Please find enclosed a cheque for \$

AUTHORISATION FOR SALARY DEDUCTIONS

If you are employed in a Parramatta Diocesan Catholic School, Parish or Ministry you can have part or all of your salary credited to a DDF AutoSave, Christmas Saver or Money Market Investment.

School, Parish, Ministry (including suburb)

I, (name & address)

authorise payroll services to deduct from my salary each fortnight the sum of \$

and pay it to the DDF for the credit of my DDF account in the name of

Name

This authority is to remain in force until I cease employment with the above employer or until you are advised otherwise in writing by me.

Signature Date

CDF ONLINE

CDF Online allows access to view transactions and display year to date interest details

YES NO Do you wish to use CDF Online?

If yes, please complete a CDF Online Application Form and provide a copy of your drivers licence front & back

PERSONAL IDENTIFICATION NUMBER - PIN

I wish to operate my DDF account by telephone.

The Personal Identification Number (PIN) I choose to be linked to my DDF Savings account is

Quote this number when requesting information over the telephone.

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DDF USE ONLY: OPENED BY _____ DATE STAMP _____ ID _____ SCAN _____