

Complete this form to open a new DDF cheque, savings or esaver account. Email the completed form and any supporting documents to sandhurst@catholicdevelopmentfund.org.au

Section 1 – Account Holder Details

Account Holder Name

DDF Client Number

<input type="text"/>	<input type="text"/>
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Contact person for this request

Name

Contact Number

Email

<input type="text"/>	<input type="text"/>
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Section 2 – Account Details

Account Type

Cheque Account

Savings Account

eSaver Account

Account Description

Section 3 – Account Signatories

Signatory 1

Full Name

Date of Birth (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>
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Residential Address

Phone Number

Email

<input type="text"/>	<input type="text"/>
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Signatory on existing DDF account(s): Yes No

Add to: All Accounts

Specific Accounts - *List accounts here*

CDF Online Only – View Only Access Data Entry Access Full Access

Authorisation Limit (min \$2000) \$

Signatory 2

Full Name

Date of Birth (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>
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Residential Address

Phone Number

Email

<input type="text"/>	<input type="text"/>
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Signatory on existing DDF account(s): Yes No

Add to: All Accounts

Specific Accounts - *List accounts here*

CDF Online Only – View Only Access Data Entry Access Full Access

Authorisation Limit (min \$2000) \$

Signatory 3

Full Name Date of Birth (dd/mm/yyyy)

Residential Address

Phone Number Email

Signatory on existing DDF account(s): Yes No

Add to: All Accounts
 Specific Accounts - *List accounts here*

CDF Online Only – View Only Access Data Entry Access Full Access

Authorisation Limit (min \$2000) \$

Signatory 4

Full Name Date of Birth (dd/mm/yyyy)

Residential Address

Phone Number Email

Signatory on existing DDF account(s): Yes No

Add to: All Accounts
 Specific Accounts - *List accounts here*

CDF Online Only – View Only Access Data Entry Access Full Access

Authorisation Limit (min \$2000) \$

Section 4 – Acceptance and Authorisation

By signing this document, I/we confirm and acknowledge the following:

- I/we am authorised to act on behalf of the organisation named in section 1 of this document
- I/we acknowledge that all signatories must be fully identified in accordance with the requirements of DDF and will be required to complete electronic verification of identity
- I/we agree to comply with the terms and conditions of all accounts held with DDF
- I/we agree to comply with the terms and conditions of all accounts with a linked NAB cheque account (if applicable)
- I/we acknowledge that withdrawing funds from an Esaver account requires 30 days' notice of withdrawal
- I/we acknowledge the DDF privacy policy – available on the DDF website www.ddfsandhurst.au/forms
- I/we acknowledge the DDF disclosure statement – available on the DDF website www.ddfsandhurst.au/forms

Signatory 1

Full Name Role Date (dd/mm/yyyy)

Signature

Signatory 2

Full Name Role Date (dd/mm/yyyy)

Signature