



# MEMBERSHIP APPLICATION FORM

CIF No. (Office Use)

Attach  
passport Size  
Photograph  
here

Branch Name: \_\_\_\_\_

Branch Number: \_\_\_\_\_

## Personal Details

### Full Name as per your Identification document

Title: Mr  Mrs  Miss  Other

Given Name(s):

Middle Name:  Surname:

Marital Status:  Married  Single  Divorced  De Facto  Widow/Widower

Date of Birth:  /  /  Gender: M  F  Number of Children:

Mobile#: +  Land line#: +

### Residential Address (Fields with \* are Mandatory Information)

City/Town\*  Suburb\*  Section\*  Allotment\*

Street Name  House Number  Province\*

Postal Box Address:  Postcode

Own Property\*  Rental Property\*  Village Accommodation\*

Settlement Accommodation\*  Shared Family Accommodation\*

### Employment Details

Full Time Employment  Part Time Employment  Student  Self Employed

If you are employed, please provide the following information

Employer Name:  Occupation:

Employer Address:  Payroll Number:

Work Phone#:  Date Commenced Employment  Fortnightly Net Salary

Work Email:

## Account(s) to be opened

Yumi Account (\$10)  General Savings (\$1)

## Card Application

YumiCard  New Card Lodging Branch:  Collection Branch:

## Default Account to Transfer money to:

YumiAccount  Bank South Pacific  Kina Bank  Westpac

BSB Code:  Account Number:

## SMS and Internet Banking Registration

SMS Banking Access

Internet Banking Access

## Nominee Details

In the event of my death, all funds held in credit by TISA should be paid to this/these individual(s):

Name of Beneficiary	Relation to Member	Beneficiary DOB	Percentage %

Note: Your total percentage for all nominees must add up to 100%. (Where a member elects more than the space provided the same form is filled again.)

## IDENTIFICATION CHECKLIST

### CUSTOMER IDENTIFICATION DOCUMENTS

- TWO "CATEGORY A" DOCUMENTS INCLUDING AT LEAST 1 PHOTO ID, OR
- ONE "CATEGORY A" DOCUMENT AND ONE "CATEGORY B" DOCUMENT, OR

- COMBINATION OF DOCUMENTS FROM "CATEGORY B"

Tick the relevant box

### PRIMARY DOCUMENT - CATEGORY A

ID Type	ID Number	Expiry Date
<input type="checkbox"/> Passport	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Driver's License	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Government Identification Card e.g NID	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Employment Identification Card	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Superannuation Identification Card	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> PNG Work Permit	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Student Identification Card	<input type="text"/>	<input type="text"/>

### SECONDARY DOCUMENTS - CATEGORY B

<input type="checkbox"/> Certificate of Christening / Baptism	<input type="checkbox"/> Government Health / Clinic Card
<input type="checkbox"/> Citizenship Certificate	<input type="checkbox"/> Education Institutional Certificates
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Firearm License
<input type="checkbox"/> Employment Confirmation Letter	<input type="checkbox"/> Current Employment Pay-slip
<input type="checkbox"/> License or Permit issued by a commodity board or Association (e.g. Cocoa permit, Gold License etc)	<input type="checkbox"/> Records from a bank (including bank debit or credit card or statement for an account or term deposit certificate)
<input type="checkbox"/> License or Permit issued by the Government of Papua New Guinea	<input type="checkbox"/> Mortgage or other security documents over the customer's property

## Customer Declaration

- I agree:
- that documents presented for identification purposes may be verified by the Society with an appropriate authority;
  - to be bound by the terms and conditions which apply from time to time to this account opened by me with the Society;
  - if card access has been requested, to be bound by the Conditions of Use governing the use of the card;
  - the Society may charge to this or any other account(s) I may conduct with the Society or recover from me any Society fees, government charges, taxes or duties imposed on transactions on/or which relate to my account(s); and
  - to check my account statements and notify the Society of any errors or unusual transactions within 3 months of receiving each account statement.

I acknowledge that I have received a copy of the relevant Terms and Conditions that apply to this account.

I certify that all information written on this form by me to be true and correct.

Signature:

Date:

 /  / 20

## For Official Use Only

Confirmation of Employment Letter  Yes  No      Completed PVA / IATD  Yes  No  
 2x Photo ID  Yes  No      1x Recent Payslip  Yes  No

Politically Exposed Person (PEP)  Yes  No

Date:  /  / 20      Customer ID:       Signature:

Details Input by EDP      Name:       Signature:

Details verified by SMSC      Name:       Signature:

Branch Head:      Name:       Signature: