

# Term Deposit Application (Non Shareholding Customer)

Deposit Brokers use this form to set up a Gateway Term Deposit for customers being introduced to Gateway. Please print and send your completed form to: [memberservices@gatewaybank.com.au](mailto:memberservices@gatewaybank.com.au)

**Important information: You will not be able to save partially completed forms.**

\* Denotes Mandatory Field



Gateway Bank Ltd  
ABN 47 087 650 093

AFSL/Australian Credit Licence 238293

## PART A: Customer Details

Please select one only\*

Individual  Joint  Association  Business/Company (ABN/ACN required)  Registered Body (ARBN required)  Superannuation Fund  Trust

Full Name (and business name, if any)

Registered Address

ABN / ACN / ARBN (for Bus. / Co. / Registered Body)

Tax File Number  or  I want to claim an exemption  I don't want to quote a TFN or claim an exemption

Please note: Collection of Tax File Numbers (TFN) is authorised by taxation laws. It is not compulsory to quote TFN but tax may be deducted from your interest if you do not quote your TFN or claim exemption. For more information, contact the Australian Taxation Office.

Type of Trust\* (i.e. SMSF, family, unit)  Country Where Trust was Established\*

Full Name of settlor of Trust\*

Is the entity a financial institution?  No  Yes **If Yes: please provide either GIIN (Global Intermediary Identification Number, if applicable) or FATCA status (if company does not have a GIIN).**

GIIN/FATCA Status\*

## Account Holder/s or Company Contact/s

### First Account Holder or Business Contact\*

Please provide the personal and contact details for individual, trustee, proprietor or director.

Title\*  Mr  Mrs  Ms  Other

Full Name\*

Date of Birth\* DD  MM  YYYY

Position Held /Occupation\*

Residential Address\* (PO Box not accepted)

Are you a resident for tax purposes of another country?  Yes  No

### Contact Details\*

Phone

Email

Please provide copy of drivers licence to verify your signature.

### Second Account Holder or Business Contact

Please provide the personal and contact details for individual, trustee, proprietor or director.

Title\*  Mr  Mrs  Ms  Other

Full Name\*

Date of Birth\* DD  MM  YYYY

Position Held /Occupation\*

Residential Address\* (PO Box not accepted)

Are you a resident for tax purposes of another country?  Yes  No

### Contact Details\*

Phone

Email

Please provide copy of drivers licence to verify your signature.



Account Beneficiary/Shareholder Details

**Beneficiary/Shareholder 1**

Full Name

**Full Residential Address\***

Date of Birth\* DD  MM  YYYY

Occupation\*

Are you a resident for tax purposes of another country?

Yes  No

**Beneficiary/Shareholder 2**

Full Name

**Full Residential Address\***

Date of Birth\* DD  MM  YYYY

Occupation\*

Are you a resident for tax purposes of another country?

Yes  No

**Beneficiary/Shareholder 3**

Full Name

**Full Residential Address\***

Date of Birth\* DD  MM  YYYY

Occupation\*

Are you a resident for tax purposes of another country?

Yes  No

**Beneficiary/Shareholder 4**

Full Name

**Full Residential Address\***

Date of Birth\* DD  MM  YYYY

Occupation\*

Are you a resident for tax purposes of another country?

Yes  No

PART B: Term Deposit Details

**Term Deposit Details**

Deposit Amount\* \$  Interest Rate\* %p.a.

How long would you like to invest?\*  Days  Months  Years

**Interest Frequency\***

- Monthly  6 Monthly
- At Maturity (for terms 12 mths or less)
- Yearly (for terms > 12 mths, must be paid at least annually)

**How would you like interest paid?\***

- Compound at maturity (i.e add to principal)
- Pay to my account

**Account for Direct Credit**

Bank Name

Bank Address

BSB  -

Account Name

Account Number



**PART C: Conditions and Authorisation**

I/We apply to become a non shareholding customer of Gateway Bank Ltd ("Gateway").

**Constitution**

I/We agree to be bound by Gateway's Constitution, and any amendment thereof, lodged in accordance with the Corporations Law.

**Financial Reports**

Gateway will not send me/us its financial reports unless I/we ask them to. I/We can do this by telling Gateway.

**Terms & Conditions of Use**

I/We agree to receiving the following documents by accessing them at [www.gatewaybank.com.au](http://www.gatewaybank.com.au):

- **Gateway Deposit Accounts and Access Facilities General Conditions of Use** which incorporates the **Fees and Charges and Transaction Limits** and the **Summary of Deposit Accounts & Availability of Access Facilities**
- **Financial Services Guide**

I/We acknowledge that Gateway's '**Your Privacy**' brochure, detailing Gateway's privacy processes, is available at [www.gatewaybank.com.au](http://www.gatewaybank.com.au) or by calling our Member Services on 1300 302 474.

Please be aware that:

- You will be bound by the General Conditions of Use when you first use an account or access facility.
- Your signature on this form will also be used by Gateway to verify your signature for future transactions.

**Third Party Authority**

In relation to this Term Deposit Application (Non Shareholding customer), I/we authorise my/our Deposit Broker listed below to instruct Gateway on my/our behalf:

Broker Company Name

I/We authorise Gateway to disclose information about my/our account to my/our Deposit Broker.

I/We acknowledge that all correspondence will be sent to my/our Deposit Broker at the following address:

**First Account Holder or Business Contact\***

Signature\*

Print Name\*

Date\*

**Second Account Holder or Business Contact**

Signature\*

Print Name\*

Date\*

**Broker Office Use Only**

Broker Name

Reference / Transaction No.