

1. MEMBER DETAILS

Member

Title: Surname:

First name(s):

Residential Address:

Suburb/City: State: Postcode:

Home tel: Mobile:

Business tel: E-mail:

Member number:

Joint Member (if applicable)

Title: Surname:

First name(s):

Residential Address:

Suburb/City: State: Postcode:

Home tel: Mobile:

Business tel: E-mail:

2. YOUR ATTORNEY'S INFORMATION

Applicant

Title: Surname:

First name(s):

Residential Address:

Suburb/City: State: Postcode:

Home tel: Mobile:

Business tel: E-mail:

Date of birth:

Drivers Licence:

Joint Applicant (if applicable)

Title: Surname:

First name(s):

Residential Address:

Suburb/City: State: Postcode:

Home tel: Mobile:

Business tel: E-mail:

Date of birth:

Drivers Licence:

3. POWER OF ATTORNEY

Please fill in Power of Attorney's information:

State of execution:

Date of execution:

Date of expiry:

Power of Attorney's authorisation:

Open an account:

Access account information:

4. POWER OF ATTORNEY'S DECLARATION

As Power of Attorney's I/We declare that:

- I am the attorney identified in the Power of Attorney;
- I am authorised by the Power of Attorney to perform the transactions as stated above.
- I have not received notice of revocation of the Power of Attorney, and I make these declarations at the time of signing this application and each time I operate, access or conduct any activity in relation to the above account. I undertake to advise Easy Street Financial Services Limited in writing upon receiving notice of any amendment, limitation or cancellation affecting the Power of Attorney;
- My above personal information and security details are true and correct and I authorise Easy Street Financial Services Limited to verify this information; and
- I have read and understood the Privacy Statement issued by Easy Street Financial Services Limited and I consent to my personal information being collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement.

I/We have read, understood the Terms and Conditions:

I/We agree to abide by the Terms and Conditions and I/We acknowledge that my/our signature(s) on this application form signifies my/our acceptance of these Terms and Conditions.

I have attached:

A certified copy of the Power of Attorney (with original certification) or: The original Power of Attorney:

Attorney

Signature:

Date: / /

Witness

Signature:

Date: / /