



member number

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Remote Banking application

PO Box 585 Hamilton 3240 • firstcreditunion.co.nz • welcome@firstcu.co.nz

Personal details

FIRST NAMES

LAST NAME

What is your postal address?

POST CODE

What are your phone numbers?

HOME

WORK

MOBILE

EMAIL

What is your date of birth?*

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I would like to apply for ☐ Remote Banking

Declaration

1. I declare that the information provided in this application is true and correct.
2. I will not disclose my passwords to anyone.
3. I will advise First Credit Union of any changes to my email address.
4. I understand that for First Credit Union to comply with it's AML/CFT obligations I agree to my identification, full name, address and date of birth to be verified through a third party such as Verify ID.

Account Holder's Signature

Today's date

/ /

Office Use Only

- ☐ Verify ID check done
☐ Signature scanned
☐ Photo
☐ Temporary password given to member

Processed by

Date

/ /