

VOLID DETAILS

A business name of Credit Union Australia Ltd **ABN** 44 087 650 959 **AFSL** and Australian credit licence 238317
GPO Box 100, Brisbane QLD 4001 **P** 133 282 **W** greatsouthernbank.com.au

Service Nomination

USE THIS FORM TO: Advise where you would like us to send statements and notices for this account to one borrower on behalf of all of you.

If you would prefer all account holders to receive statements and notices there is no need to complete this form.

Full name:	Customer number:
Full name:	Customer number:
Full name:	Customer number:
Full name:	Customer number:
2 DETAILS OF PERSON NOMINATED TO RECEIVE NOTICE	CES
Loan number:	
We nominate (Full name of nominated person):	
Customer number: to receive notices and other documents under the National Credit Code on behalf of all of us.	
to receive notices and other accuments under the National Great code on bending of all of as.	
3 PLEASE SIGN HERE	
This declaration must be signed by all Borrowers to the Loan Fac	
We acknowledge that we are entitled to receive a copy of any notice, statement or other document under the National Credit	
Code individually and by signing this Service Nomination we are giving up the right to be provided with information individually. Instead all statements and notices will be sent to the nominated person indicated above. We are aware that at any time we can	
individually or jointly advise Great Southern Bank, in writing, that commence sending notices and other documents required unde	
Please note that when a service nomination is made, account statements will continue to be issued to the first named owner of the loan account, in addition to the nominated party (where the nominated party is not the first named owner of the account).	
Signature	Signature
Name	Name
Date	Date
All borrowers must sign this form for it to be effective.	
/ / / / / / / / / / / / / / / / / / /	

Once you have completed this form:



Drop it into a branch

Mail it to: Great Southern Bank GPO BOX 100, Brisbane QLD 4001

We're here to help

If you need assistance completing this form, call us on 133 282 or drop into your local branch.

OFFICE USE ONLY	
Date processed:	Staff member name:
Staff member initials:	Teller Number: