



To: Victoria Mutual Building Society

We the undersigned persons hereby solemnly and sincerely declare as follows:

Section A: Particulars of Entity

| | |
|----------------------------------|---|
| Name of Entity | |
| Type of Entity | <input type="checkbox"/> Club <input type="checkbox"/> Civic Group <input type="checkbox"/> Association |
| Address of Entity | |
| Main Activities of Entity | |

Section B: Particulars of the Officers

The officers responsible for the operation and management of the Entity are:

| Name | Address | TRN | ID (Type, #, Expiry Date) | Position / Title |
|-------------|----------------|------------|----------------------------------|-------------------------|
| | | | | |
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| | | | | |



Section B: Particulars of the Officers (Cont'd)

| Name | Address | TRN | ID (<i>Type, #, Expiry Date</i>) | Position / Title |
|------|---------|-----|------------------------------------|------------------|
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Section C: Authority to Operate Account

That the Entity has resolved by its members at a meeting held on _____ day of _____ 20 _____ to establish and operate an account with the Society and appointed the following persons as authorized officers to operate the account. Particulars of the authorized Officers are set out in the attached *Information for Signing Officer/Power of Attorney Form* and is hereby deemed to be included in the Resolution.

| Name | Position / Title in Entity |
|------|----------------------------|
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The officers shall operate the account upon the following signing authority:

- Any one authorized Officer
- Any two authorized Officers
- All
- Other _____



Proxy Appointment

We hereby appoint the Chairman of the Board of Directors of the Society or any director or officer of the Society from time to time nominated by him as my Proxy to vote for me on my behalf at all meetings of the Society. This appointment shall remain valid and effective until revoked by me in accordance with the Rules of the Society.

Acknowledgement

We acknowledge that information requested on this form is required for the purpose of the Society complying with its legal and regulatory requirements. In the event that full and adequate information is not provided to the Society, the Society hereby expressly reserves the right at its sole discretion to close the account upon giving at least fourteen (14) days prior notice in writing.

Disclosure

The Society is hereby entitled to disclose to third parties any information about the account holder and the accounts held by the account holder and shall not be liable whatsoever in relation to any information disclosed in any or all of the following circumstances:

- a) To subsidiaries and affiliates of the Society including overseas operations
- b) To provide your personal and non personal information to credit agencies or credit bureaus as a credit information provider or in response to credit inquiries by other financial institutions, credit agencies or credit bureaus AND to request personal and non personal information from credit agencies or credit bureaus, financial institutions or any creditor in respect of your creditworthiness
- c) If the Society shall deem it necessary to make such disclosures to protect the interest of the Society from any harm, loss or injury
- d) To comply with any requirement for disclosure imposed by law, pursuant to the directives of the court or such duly empowered government agency or department
- e) In any other circumstances in which the account holder shall give written authorization to make such disclosure

We have reviewed, understood and agreed to be bound by the various terms and conditions of the account operation agreement and acknowledge that same may be amended by the Society in its sole discretion at any time and from time to time, as permitted under those terms and conditions.

*President/Secretary
/Vice President*

_____ Name

_____ Signature

*President/Secretary
/Vice President*

_____ Name

_____ Signature

Affix Seal or Stamp





Section D: Declarants

The Entity does not have a Taxpayer Identification Number and we confirm that we have received advice from the Tax Authority that a taxpayer Identification number is not required for the Entity.

We hereby certify that all information in this Declaration is accurate and fairly represents the state of affairs of the Entity.

Dated the _____ day of _____ 20_____

Taken, acknowledged and declared by:

First Name Middle Initial Last Name

Signature Position/Title

First Name Middle Initial Last Name

Signature Position/Title

Executed in the presence of:

Signature of Justice of the Peace / Notary Public

Address of Justice of the Peace / Notary Public



Affix Seal of Office here

FOR OFFICE USE ONLY

| | |
|---------------------|----------------|
| CIF# _____ | Account# _____ |
| Account Name: _____ | CSR: _____ |

A Subsidiary of