

APPLICATION - PERSONAL - DATE: ____/____/____

100 William Street
Melbourne Vic 3000
Tel: 03 9606 0588
Fax: 03 9606 0911



NAME

ADDRESS

STATE.....POST CODE.....

POSTAL ADDRESS

STATE.....POST CODE.....

TELEPHONE MOBILE WORK TEL

EMAIL

NEXT OF KIN

RELATIONSHIP.....D.O.B.....

NAME

ADDRESS

STATE.....POST CODE.....

TELEPHONE MOBILE WORK TEL

EMAIL

SAFE DEPOSIT BOX SIZE REQUIRED SMALL MEDIUM LARGE EXTRA LARGE

ADDITIONAL INSURANCE REQUIREMENTS: \$ _____ please indicate the level of insurance required

ADMINISTRATION FEES QUOTED (IF APPLICABLE) \$ _____ per annum

Initial period is twelve months, please indicate your preferred billing cycle after this period.

PREFERRED BILLING CYCLE Monthly Quarterly 6 Monthly Annually

***All monthly accounts must be by way of direct debit

I confirm that the information provided is true & correct: Client Signature: _____

DIRECT DEBIT AUTHORISATION: (OPTIONAL) - 5% DISCOUNT APPLIES - Receipt not issued unless requested

Please charge my credit card: Mastercard / Visa / Amex Expiry Date: ____ / ____

Credit Card Number: _____

Name on Card: _____ Signature: _____

OFFICE USE: - PHOTO IDENTIFICATION

NOTES:

Full Name: _____

D.O.B. _____

Type: _____

Number: _____ Expiry: _____