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☐ I understand there is a daily ☐ I understand that an SMS-C or foreign currency externo ☐ By signing this application f and conditions of use as th ☐ I understand that, by regis must keep BankWAW inform Please present this form in permail the original of this form of Box 568, Wodonga, Vic, 3689 of the property of the conditions on this form	oTP is mall transfor regioney appropriate for the contract of	nandatory for a sters. stration of Inte pear on the we for eStatemer f my current e the nearest So with a certified	ernet Banking, I agreebsite or as handed hts, I will no longer i mail address. ervice Centre. If you to copy of Driver's Li	ee to abide by Bank\ to me. receive printed copie cannot present in pe icence and Medicare	WAW's terms es and that I erson, please e Card to PO
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^{*} Your identification can be certified by a doctor, police officer, solicitor, accountant or a bank officer with 5 years continuous service.