



ADI Application Form

Eligible authorised deposit-taking institutions applying for the Guarantee must complete this form and return it to the Scheme Administrator. Information about the requirements for completing and submitting an Application is available in Schedule 2 of the Scheme Rules. Enquiries relating to the completion of this form can be directed to the Scheme Administrator on 1800 013 806.

1 Date of Application

2 Legal Name of Applicant

3 Contact Name

4 Position

5 Postal Address

6 E-mail Address

7 Telephone No.

Facsimile No.

8 Applicant Institution Credit Rating

Moody's

Standard & Poor's

Fitch

9 What does this application cover?

Deposit liabilities

Short-term liabilities (<15 months)

Long-term liabilities (15 to 60 months)

10 Statements and Legal Documentation Required

| | Included | Previously Supplied |
|--|--------------------------|--------------------------|
| Executed Counter-Indemnity | <input type="checkbox"/> | <input type="checkbox"/> |
| External legal opinion on executed Counter-Indemnity | <input type="checkbox"/> | <input type="checkbox"/> |
| Fee letter | <input type="checkbox"/> | |
| Letter of prudential compliance | <input type="checkbox"/> | |
| Details of liabilities | <input type="checkbox"/> | |

11 Additional Requirement for Non-deposit Liabilities

External legal opinion as specified in Schedule 2 of the Scheme Rules (B.11)

12 Additional Requirement for Foreign ADIs

Statement and external legal opinion as specified in Schedule 2 of the Scheme Rules (B.12)

13 Signature of Treasurer/Chief Financial Officer (or equivalent officer) as outlined in Schedule 2 of the Scheme Rules (B.13)

Name

Signature

Date