

Additional Authorised Signatories Form



Please complete this form in **BLOCK LETTERS** using black or blue ink.
Please note that all fields in each section are mandatory unless specified otherwise.

A ACCOUNT THIS AUTHORITY APPLIES TO

ACCOUNT NUMBER	ACCOUNT TITLE
<input type="text"/>	<input type="text"/>
ACCOUNT NUMBER 2 (if applicable)	ACCOUNT TITLE 2 (if applicable)
<input type="text"/>	<input type="text"/>
ACCOUNT NUMBER 3 (if applicable)	ACCOUNT TITLE 3 (if applicable)
<input type="text"/>	<input type="text"/>

B AUTHORISED SIGNATORY DETAILS

SIGNATORY 1

TITLE	GIVEN NAME(S)
<input type="text"/>	<input type="text"/>
SURNAME	
<input type="text"/>	
OTHER KNOWN NAME (if any)	DATE OF BIRTH
<input type="text"/>	<input type="text" value="/ /"/>
RESIDENTIAL ADDRESS (PO Box not acceptable)	
<input type="text"/>	
<input type="text"/>	
STATE	POSTCODE
<input type="text"/>	<input type="text"/>
COUNTRY OF RESIDENCE (if not Australia)	
<input type="text"/>	
CONTACT NUMBER	
<input type="text"/>	
POSITION IN COMPANY (BUSINESS ACCOUNTS ONLY)	
<input type="text"/>	
OCCUPATION	
<input type="text"/>	

DO YOU REQUIRE A VISA DEBIT CARD? YES NO
Note: A VISA Debit card is not available on accounts where the signing authority is 'two to sign'.
DO YOU REQUIRE A CHEQUE BOOK?
 YES - 50 LEAF YES - 100 LEAF NO

SIGNATORY 2

TITLE	GIVEN NAME(S)
<input type="text"/>	<input type="text"/>
SURNAME	
<input type="text"/>	
OTHER KNOWN NAME (if any)	DATE OF BIRTH
<input type="text"/>	<input type="text" value="/ /"/>
RESIDENTIAL ADDRESS (PO Box not acceptable)	
<input type="text"/>	
<input type="text"/>	
STATE	POSTCODE
<input type="text"/>	<input type="text"/>
COUNTRY OF RESIDENCE (if not Australia)	
<input type="text"/>	
CONTACT NUMBER	
<input type="text"/>	
POSITION IN COMPANY (BUSINESS ACCOUNTS ONLY)	
<input type="text"/>	
OCCUPATION	
<input type="text"/>	

DO YOU REQUIRE A VISA DEBIT CARD? YES NO
Note: A VISA Debit card is not available on accounts where the signing authority is 'two to sign'.
DO YOU REQUIRE A CHEQUE BOOK?
 YES - 50 LEAF YES - 100 LEAF NO

C VERIFYING YOUR IDENTITY

You must present the originals of either:

- One document from Category 1 AND one document from Category 2 or 3 or 4; or
- One document from Category 2 AND one document from Category 3.

Where the name on the document differs from the name used by the person in relation to the account further documentation will be requested.

CATEGORY 1	CATEGORY 2
<ul style="list-style-type: none"> • An Australian Driver's Licence or Learner's Permit (current) • A Proof of Age or Photo Card (current and government issued) 	<ul style="list-style-type: none"> • An Australian Passport (current or expired within the last 2 years) • A Foreign Passport (current and with a certified English translation) • An Australian Birth Certificate or Birth Extract • An Australian Citizenship Certificate
CATEGORY 3	CATEGORY 4
<ul style="list-style-type: none"> • A Utility Bill or Council Rates Notice (less than 3 months old) • A Taxation Notice or Centrelink Statement (less than 12 months old) 	<ul style="list-style-type: none"> • A Medicare card (current) • A Pension card (current) • A Health Care card issued by Centrelink (current)

STAFF USE ONLY	
APPLICANT 1	APPLICANT 2
Existing Customer Only	Existing Customer Only
CUSTOMER NUMBER (and/or) ACCOUNT NUMBER	CUSTOMER NUMBER (and/or) ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>
NEW CUSTOMER ONLY	NEW CUSTOMER ONLY
DOCUMENT 1	DOCUMENT 1
TYPE OF DOCUMENT	TYPE OF DOCUMENT
<input type="text"/>	<input type="text"/>
DOCUMENT NUMBER	DOCUMENT NUMBER
<input type="text"/>	<input type="text"/>
PLACE OF ISSUE	PLACE OF ISSUE
<input type="text"/>	<input type="text"/>
DATE OF ISSUE	EXPIRY DATE
<input type="text"/>	<input type="text"/>
DOCUMENT 2	DOCUMENT 2
TYPE OF DOCUMENT	TYPE OF DOCUMENT
<input type="text"/>	<input type="text"/>
DOCUMENT NUMBER	DOCUMENT NUMBER
<input type="text"/>	<input type="text"/>
PLACE OF ISSUE	PLACE OF ISSUE
<input type="text"/>	<input type="text"/>
DATE OF ISSUE	EXPIRY DATE
<input type="text"/>	<input type="text"/>

D PRIVACY ACT CONSENT AND DISCLOSURE STATEMENT

Each person signing this form consents to their personal information being:

- collected by Rural Bank (RB), our sales agents and contracted business originators;
- disclosed to our sales agents, entities related to RB, service providers we engage to carry out functions on our behalf and relevant government authorities; and
- used:
 - to provide the financial products and services requested;
 - for administrative and operational tasks such as management reporting, research, product development and planning;
 - to comply with relevant Government Acts or Regulations; and
 - by RB, our sales agents and contracted business originators for marketing purposes (including marketing by phone and electronic means);

RB may not be able to provide the products and services requested if the information is not provided.

Each person can find out more information about RB and obtain a copy of our Privacy Statement by visiting ruralbank.com.au. Each person can access their personal information or opt out of receiving marketing material by contacting RB during normal business hours by phoning **1300 660 115**.

RB, contracted business originators, service providers and sales agents are all bound by the Privacy Act (Cth) (1988) and the National Privacy Principles.

E DECLARATION AND EXECUTION

If you are a new customer, you must sign below in the presence of a Bank representative or if you cannot do this, please complete the Identity Verification form.

As an applicant and/or authorised signatory,

1. I/we consent to the collection, disclosure and use of my/our personal information as detailed in the Privacy Act Consent and Disclosure Statement.
2. I/we acknowledge receiving the Financial Services Guide and agree to be bound by the Banking Account Terms and Conditions.
3. I/we declare that the information provided in this application is true and complete and that RB will use it to determine whether or not to open an account and issue a VISA Debit card (if applicable).

4. I/we acknowledge that any VISA Debit card issued is not a credit card facility and must not be used to overdraw the account. I/we acknowledge that it may be cancelled at any time.
5. I/we acknowledge that any Instruction Authority Schedule completed only applies to this account and only to instructions received from the Authorised Signatories specific fax or email detailed in this application.

Warning: It is an offence under Part 12 of the Anti-Money Laundering and Counter-Terrorism Act 2006 to provide false or misleading information, provide a false or misleading document or forge a document for use in an applicant identification procedure.

The signature will become your specimen signature and may be applied to all accounts for which you are an authorised signatory.

SIGNATORY 1

SIGNATURE

DATE

FULL NAME

SIGNATORY 2

SIGNATURE

DATE

FULL NAME

INSTRUCTION AUTHORITY SCHEDULE (optional - please tick the appropriate boxes)

Please note that telephone instructions are not applicable where the signing authority is 'two to sign'.

I WISH TO SUBMIT INSTRUCTIONS FOR TRANSACTIONS VIA:

Telephone Fax Email

EMAIL ADDRESS (required if Email is ticked above)

I WISH TO SUBMIT INSTRUCTIONS FOR TRANSACTIONS VIA:

Telephone Fax Email

EMAIL ADDRESS (required if Email is ticked above)

AUTHORISED SIGNATORY ACCOUNT AUTHORITY

If applicable, please indicate how the Authorised Signatories should be added to this account and ensure that the relevant documents (certified copies of the power of attorney and/or probate) are attached with this form.

SIGNATORY 1

- Power of Attorney
 Executor of estate

SIGNATORY 2

- Power of Attorney
 Executor of estate

SIGNING AUTHORITY (PLEASE TICK ONE BOX ONLY)

Any one or two of the authorised signatories can operate this account.

F ACCOUNT OWNER AUTHORISATION

Please note that if the signing authority on these account(s) is 'two to sign', two signatures are required to add additional signatories.

As an account owner,

1. I/we authorise the Authorised Signatories to operate the nominated account(s) and agree to be bound by the Banking Account Terms and Conditions that govern their use of the account(s).
2. I/we instruct RB to pay all drawings on the nominated account(s) authorised or purportedly authorised by the Authorised Signatories.
3. I/we accept full responsibility for transactions conducted on the nominated account(s) by the Authorised Signatories.
4. I/we understand that the authorisation to operate the nominated account(s) will remain in force until revoked by ourselves and any VISA Debit cards issued to the Authorised Signatories are returned.
5. I/we understand that unless otherwise indicated in the application any one account signatory (where there is more than one) can operate the account(s) without the others' permission and that I am/we are responsible for the transactions conducted accordingly.

SIGNING AUTHORITY (please tick one box only)

Any one or two of the authorised signatories can operate this account.

SIGNED FOR AND ON BEHALF OF

ORGANISATION NAME (business accounts only)

APPLICANT 1

SIGNATURE

DATE

FULL NAME

POSITION IN ORGANISATION (business accounts only)

APPLICANT 2

SIGNATURE

DATE

FULL NAME

POSITION IN ORGANISATION (business accounts only)

G CHECKING OFFICER DECLARATION

I declare that I have:

1. Checked the application is completed correctly;
2. Verified any existing customer's signature;
3. Verified any new applicant's name, date of birth and residential address against the documents detailed in section C, copies of which have been taken and supplied; and
4. Witnessed any new applicant's signature.

CHECKING OFFICER SIGNATURE

DATE

CHECKING OFFICER NAME

AGENT NUMBER (if applicable)

BRANCH NAME

BRANCH COST CENTRE NUMBER

BRANCH PHONE NUMBER