

Business Account Application Form



INSTRUCTIONS FOR COMPLETING THE BUSINESS ACCOUNT APPLICATION FORM

What type of organisation is this application for?	Please complete the following sections and follow all instructions closely.	Staff to complete:
Company	Sections A, C, G, H, I and K	Sections H (ID Verification) and L
Partnership	Sections A, B, G, H, I, K and C and/or D and/or H for each partner	Sections H (ID Verification) and L
Sole Trader	Sections A, G, H, I and K	Sections H (ID Verification) and L
Trust	Sections A, D, G, H, I, K and C if any Trustee is an organisation	Sections H (ID Verification) and L
Association or Cooperative	Sections A, E, G, H, I and K	Sections H (ID Verification) and L
Government Body	Sections A, F, G, H, I and K	Sections H (ID Verification) and L

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.

The identity of the following individuals needs to be verified:

- Authorised Signatories for any organisation;
- Partners in a Partnership;
- Sole Traders;
- Individual Trustees to a Trust; and
- either the Chairman, Secretary or Treasurer for Associations or Cooperatives.

Identity verification can be achieved by presenting 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.
If this form cannot be signed in the presence of a Bank representative, the Identity Verification form must be completed.

CATEGORY 1 <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) 	CATEGORY 2 <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 <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) 	CATEGORY 4 <ul style="list-style-type: none"> • A Medicare card (current) • A Pension card (current) • A Health Care card issued by Centrelink (current)

The following organisations must provide originals or certified copies of the supporting documentation as stated below:

PARTNERSHIP (one document from the list below)

- a partnership agreement;
- the partnership tax return;
- the minutes of meeting of the partnership.

TRUST

- a trust deed and any amending supplementary deed.

ASSOCIATION (one document from the list below) or COOPERATIVE (two documents from the list below)

- the rules or constitution of the association or cooperative;
- the minutes of meeting of the association or cooperative;
- any register maintained by the cooperative.

GOVERNMENT BODY

- the authority in writing on official letterhead containing the name, address and Authorised Signatory details (Commonwealth government – authority from Reserve Bank; State government – authority from the Treasurer; Local government – authority from the council/Minister).

If you have any questions on completing this form, please phone our Customer Service Centre on 1300 660 115 during normal business hours.

Business Account Application Form



STAFF USE ONLY
Existing customer number

A ACCOUNT DETAILS

ACCOUNT LABEL (e.g. Staff Entertainment Fund, Monthly Expense Account)

FULL NAME OF THE ORGANISATION

FULL NAME OF THE TRUST

ACN/ABN/ARBN

PRIMARY BUSINESS ACTIVITIES

REGISTERED BUSINESS NAME (IF ANY)

DATE BUSINESS NAME REGISTERED (if any)

REGISTERED BUSINESS NUMBER (if any)

PRINCIPAL PLACE OF BUSINESS (PO Box not acceptable)

STATE

POSTCODE

POSTAL ADDRESS (IF DIFFERENT FROM PRINCIPAL PLACE OF BUSINESS)

STATE

POSTCODE

MAIN CONTACT NAME

TITLE GIVEN NAME(S)

SURNAME

PHONE NUMBER

FAX (IF ANY)

EMAIL ADDRESS (if any)

B PARTNERSHIP DETAILS

PLACE (State, Territory or Country) ESTABLISHED

Please complete section G for the Partnership and section C and/or D and/or H for each Partner.

C COMPANY DETAILS

Please select the company type and complete the relevant sections.

- PROPRIETARY COMPANY
 PUBLIC COMPANY
 FOREIGN PROPRIETARY COMPANY REGISTERED IN AUSTRALIA
 FOREIGN PUBLIC COMPANY REGISTERED IN AUSTRALIA

REGISTERED OFFICE ADDRESS (if any)

STATE

POSTCODE

ACN/ABN/ARBN (if different from section A)

Please complete the following for all Australian and Foreign Proprietary companies.

Please list each Director and Beneficial Owner (owns more than 25%), and tick the appropriate boxes.

DIRECTOR AND/OR BENEFICIAL OWNER 1

TITLE GIVEN NAME(S)

SURNAME

DIRECTOR
 BENEFICIAL OWNER
 AUTHORISED SIGNATORY

(or) FULL NAME OF THE ORGANISATION

PRINCIPAL PLACE OF BUSINESS ADDRESS (PO Box not acceptable)

STATE

POSTCODE

DIRECTOR AND/OR BENEFICIAL OWNER 3

TITLE GIVEN NAME(S)

SURNAME

DIRECTOR
 BENEFICIAL OWNER
 AUTHORISED SIGNATORY

(or) FULL NAME OF THE ORGANISATION

PRINCIPAL PLACE OF BUSINESS ADDRESS (PO Box not acceptable)

STATE

POSTCODE

DIRECTOR AND/OR BENEFICIAL OWNER 2

TITLE GIVEN NAME(S)

SURNAME

DIRECTOR
 BENEFICIAL OWNER
 AUTHORISED SIGNATORY

(or) FULL NAME OF THE ORGANISATION

PRINCIPAL PLACE OF BUSINESS ADDRESS (PO Box not acceptable)

STATE

POSTCODE

DIRECTOR AND/OR BENEFICIAL OWNER 4

TITLE GIVEN NAME(S)

SURNAME

DIRECTOR
 BENEFICIAL OWNER
 AUTHORISED SIGNATORY

(or) FULL NAME OF THE ORGANISATION

PRINCIPAL PLACE OF BUSINESS ADDRESS (PO Box not acceptable)

STATE

POSTCODE

Please complete section H for any person(s) listed above as a Beneficial Owner and/or Authorised Signatory.

Please complete the following for all Australian companies.

Please state the name of the Company Secretary and tick the appropriate box, if applicable:

TITLE GIVEN NAME(S)

SURNAME

AUTHORISED SIGNATORY

Please complete the following for all Foreign companies.

IS THIS COMPANY REGISTERED BY THE RELEVANT FOREIGN REGISTRATION BODY? YES NO

IF YES, PLEASE COMPLETE THE FOLLOWING:

NAME OF RELEVANT FOREIGN REGISTRATION BODY

STATE

POSTCODE

FULL ADDRESS OF THE COMPANY IN ITS COUNTRY OF ORIGIN

COUNTRY

Please complete the following for all companies in a Partnership.

SHARE OF PARTNERSHIP

 %

If more space is required, please complete and attach the corresponding page only from another Business Account Application Form.

D TRUST DETAILS

ABN

TYPE OF TRUST (Formal Trust, Trust by Solicitor, Super fund)

PLACE (State, Territory or Country) ESTABLISHED DATE ESTABLISHED
 / /

Please complete section G for the Trust and list the name and address of each Trustee to the Trust.

TRUSTEE 1

TITLE GIVEN NAME(S)

SURNAME

(or) FULL NAME OF THE ORGANISATION

RESIDENTIAL OR PRINCIPAL PLACE OF BUSINESS ADDRESS
 (PO Box not acceptable)

STATE POSTCODE

TRUSTEE 2

TITLE GIVEN NAME(S)

SURNAME

(or) FULL NAME OF THE ORGANISATION

RESIDENTIAL OR PRINCIPAL PLACE OF BUSINESS ADDRESS
 (PO Box not acceptable)

STATE POSTCODE

TRUSTEE 3

TITLE GIVEN NAME(S)

SURNAME

(or) FULL NAME OF THE ORGANISATION

RESIDENTIAL OR PRINCIPAL PLACE OF BUSINESS ADDRESS
 (PO Box not acceptable)

STATE POSTCODE

TRUSTEE 4

TITLE GIVEN NAME(S)

SURNAME

(or) FULL NAME OF THE ORGANISATION

RESIDENTIAL OR PRINCIPAL PLACE OF BUSINESS ADDRESS
 (PO Box not acceptable)

STATE POSTCODE

Please complete section H for each Authorised Signatory and at least one individual, if any one of the trustees is an individual. Please complete section C for at least one organisation, if any one of the trustees is an organisation.

Please list each beneficiary or if the terms of the Trust identify the beneficiaries by reference to membership of a class, details of the class.

BENEFICIARY 1/DETAILS OF THE CLASS

BENEFICIARY 2/DETAILS OF THE CLASS

BENEFICIARY 3/DETAILS OF THE CLASS

BENEFICIARY 4/DETAILS OF THE CLASS

If more space is required, please complete and attach the corresponding page only from another Business Account Application Form.

E ASSOCIATION AND COOPERATIVE DETAILS

Please select the organisation type and complete the relevant sections.

- INCORPORATED ASSOCIATION
 UNINCORPORATED ASSOCIATION
 REGISTERED COOPERATIVE

FULL NAME OF THE CHAIRMAN

FULL NAME OF THE SECRETARY

FULL NAME OF THE TREASURER

Please complete the following for an Incorporated Association or a Registered Cooperative:

PLACE (State, Territory or Country) ESTABLISHED DATE ESTABLISHED

ANY UNIQUE IDENTIFYING NUMBER ISSUED BY THE RELEVANT REGISTRATION BODY

Please complete section H for either the Chairman, Secretary or Treasurer, or for a member representing the Unincorporated Association (if different to the Chairman, Secretary or Treasurer).

F AUSTRALIAN GOVERNMENT BODY DETAILS

Please indicate whether the Government body is an entity or an emanation or is established under legislation of the State, Territory or Commonwealth.

G TAX FILE NUMBERS (TFN) AND ACCOUNT PASSWORDS

For your confidentiality, this section will be destroyed after account opening.

TAX FILE NUMBER¹

PARTNERSHIP

SOLE TRADER

TRUST

PASSWORD²

AUTHORISED SIGNATORY 1

AUTHORISED SIGNATORY 2

AUTHORISED SIGNATORY 3

AUTHORISED SIGNATORY 4

- 1 You are not required by law to provide your Tax File Number (TFN). However, if you do not provide your TFN or exemption reason, or if you are not an Australian resident, we are obliged to deduct tax at the highest marginal tax rate, plus Medicare Levy.
- 2 Please nominate an account password for security and identification purposes. The password can be letters and/or numbers with a maximum of 14 characters. This is only required for Associated Individuals who are also Authorised Signatories as indicated in section H.

H INDIVIDUALS ASSOCIATED WITH THIS ACCOUNT

ASSOCIATED INDIVIDUAL 1 (Please tick all that apply)

- BENEFICIAL OWNER TRUSTEE TO A TRUST
 PARTNER AUTHORISED SIGNATORY
 SOLE TRADER OTHER

REQUIRED FOR ALL

TITLE GIVEN NAME(S)

SURNAME

OTHER KNOWN NAME (if any) DATE OF BIRTH
 / /

RESIDENTIAL ADDRESS (PO Box not acceptable)

STATE POSTCODE

COUNTRY OF RESIDENCE (if not Australia)

POSTAL ADDRESS (if different from residential address)

STATE POSTCODE

CONTACT NUMBER
 ()

OCCUPATION

REQUIRED FOR A PARTNERSHIP

PARTNER 1 SHARE
 %

ASSOCIATED INDIVIDUAL 2 (Please tick all that apply)

- BENEFICIAL OWNER TRUSTEE TO A TRUST
 PARTNER AUTHORISED SIGNATORY
 SOLE TRADER OTHER

REQUIRED FOR ALL

TITLE GIVEN NAME(S)

SURNAME

OTHER KNOWN NAME (if any) DATE OF BIRTH
 / /

RESIDENTIAL ADDRESS (PO Box not acceptable)

STATE POSTCODE

COUNTRY OF RESIDENCE (if not Australia)

POSTAL ADDRESS (if different from residential address)

STATE POSTCODE

CONTACT NUMBER
 ()

OCCUPATION

REQUIRED FOR A PARTNERSHIP

PARTNER 2 SHARE
 %

STAFF USE ONLY – ID Verification for Authorised Signatories, Partners, Sole Traders, Trustees to a Trust and Others.

ASSOCIATED INDIVIDUAL 1

Existing Customer Only

CUSTOMER NUMBER (and/or) ACCOUNT NUMBER

ASSOCIATED INDIVIDUAL 2

Existing Customer Only

CUSTOMER NUMBER (and/or) ACCOUNT NUMBER

NEW CUSTOMER ONLY

DOCUMENT 1

TYPE OF DOCUMENT

DOCUMENT NUMBER PLACE OF ISSUE

DATE OF ISSUE EXPIRY DATE
 / / / /

DOCUMENT 2

TYPE OF DOCUMENT

DOCUMENT NUMBER PLACE OF ISSUE

DATE OF ISSUE EXPIRY DATE
 / / / /

NEW CUSTOMER ONLY

DOCUMENT 1

TYPE OF DOCUMENT

DOCUMENT NUMBER PLACE OF ISSUE

DATE OF ISSUE EXPIRY DATE
 / / / /

DOCUMENT 2

TYPE OF DOCUMENT

DOCUMENT NUMBER PLACE OF ISSUE

DATE OF ISSUE EXPIRY DATE
 / / / /

H INDIVIDUALS ASSOCIATED WITH THIS ACCOUNT (CONT)

ASSOCIATED INDIVIDUAL 3 (Please tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> BENEFICIAL OWNER | <input type="checkbox"/> TRUSTEE TO A TRUST |
| <input type="checkbox"/> PARTNER | <input type="checkbox"/> AUTHORISED SIGNATORY |
| <input type="checkbox"/> SOLE TRADER | <input type="checkbox"/> OTHER |

REQUIRED FOR ALL

TITLE	GIVEN NAME(S)
<input type="text"/>	<input type="text"/>

SURNAME

OTHER KNOWN NAME (if any)	DATE OF BIRTH
<input type="text"/>	<input type="text" value="/ /"/>

RESIDENTIAL ADDRESS (PO Box not acceptable)

STATE	POSTCODE
<input type="text"/>	<input type="text"/>

COUNTRY OF RESIDENCE (if not Australia)

POSTAL ADDRESS (if different from residential address)

STATE	POSTCODE
<input type="text"/>	<input type="text"/>

CONTACT NUMBER

()

OCCUPATION

REQUIRED FOR A PARTNERSHIP

PARTNER 3 SHARE

%

ASSOCIATED INDIVIDUAL 4 (Please tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> BENEFICIAL OWNER | <input type="checkbox"/> TRUSTEE TO A TRUST |
| <input type="checkbox"/> PARTNER | <input type="checkbox"/> AUTHORISED SIGNATORY |
| <input type="checkbox"/> SOLE TRADER | <input type="checkbox"/> OTHER |

REQUIRED FOR ALL

TITLE	GIVEN NAME(S)
<input type="text"/>	<input type="text"/>

SURNAME

OTHER KNOWN NAME (if any)	DATE OF BIRTH
<input type="text"/>	<input type="text" value="/ /"/>

RESIDENTIAL ADDRESS (PO Box not acceptable)

STATE	POSTCODE
<input type="text"/>	<input type="text"/>

COUNTRY OF RESIDENCE (if not Australia)

POSTAL ADDRESS (if different from residential address)

STATE	POSTCODE
<input type="text"/>	<input type="text"/>

CONTACT NUMBER

()

OCCUPATION

REQUIRED FOR A PARTNERSHIP

PARTNER 4 SHARE

%

STAFF USE ONLY – ID Verification for Authorised Signatories, Partners, Sole Traders, Trustees to a Trust and Others.

ASSOCIATED INDIVIDUAL 3

Existing Customer Only

CUSTOMER NUMBER	(and/or) ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>

ASSOCIATED INDIVIDUAL 4

Existing Customer Only

CUSTOMER NUMBER	(and/or) ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>

NEW CUSTOMER ONLY

DOCUMENT 1

TYPE OF DOCUMENT

DOCUMENT NUMBER	PLACE OF ISSUE
<input type="text"/>	<input type="text"/>

DATE OF ISSUE	EXPIRY DATE
<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

DOCUMENT 2

TYPE OF DOCUMENT

DOCUMENT NUMBER	PLACE OF ISSUE
<input type="text"/>	<input type="text"/>

DATE OF ISSUE	EXPIRY DATE
<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

NEW CUSTOMER ONLY

DOCUMENT 1

TYPE OF DOCUMENT

DOCUMENT NUMBER	PLACE OF ISSUE
<input type="text"/>	<input type="text"/>

DATE OF ISSUE	EXPIRY DATE
<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

DOCUMENT 2

TYPE OF DOCUMENT

DOCUMENT NUMBER	PLACE OF ISSUE
<input type="text"/>	<input type="text"/>

DATE OF ISSUE	EXPIRY DATE
<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

1 PRODUCT DETAILS

Please select the product(s) you require, and any associated product features.

	<input type="checkbox"/> SEASONAL ACCOUNT <input type="checkbox"/> BUSINESS CHEQUE ACCOUNT <input type="checkbox"/> EVERYDAY COMMUNITY ACCOUNT (not for profit organisations only)	<input type="checkbox"/> GOLD CASH MANAGEMENT ACCOUNT	<input type="checkbox"/> TERM DEPOSIT
I/we require a cheque book¹:	<input type="checkbox"/> 50 leaf <input type="checkbox"/> 100 leaf <input type="checkbox"/> 200 leaf	<input type="checkbox"/> 50 leaf <input type="checkbox"/> 100 leaf <input type="checkbox"/> 200 leaf	(not applicable)
I/we require a VISA Debit card² to be issued to:	<input type="checkbox"/> Authorised Signatory 1 <input type="checkbox"/> Authorised Signatory 2 <input type="checkbox"/> Authorised Signatory 3 <input type="checkbox"/> Authorised Signatory 4	<input type="checkbox"/> Authorised Signatory 1 <input type="checkbox"/> Authorised Signatory 2 <input type="checkbox"/> Authorised Signatory 3 <input type="checkbox"/> Authorised Signatory 4	(not applicable)
I/we want to make an investment of:	(not applicable)	(not applicable)	\$ <input type="text"/>
I/we want to invest the above amount for:	(not applicable)	(not applicable)	<input type="text"/> months
Proposed interest rate:	(not applicable)	(not applicable)	<input type="text"/> % p.a. Note: The quoted interest rate is subject to change and depends on when funds are received. Changes to the interest frequency, term and amount deposited may affect the interest rate.
I/we want the interest for terms of 12 months or greater to be paid:	(not applicable)	(not applicable)	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually Note: for terms less than 12 months, interest is paid at maturity.
I/we would like my/our interest to be:	Interest can only be credited to account.	<input type="checkbox"/> Credited to this account <input type="checkbox"/> Transferred to another Rural Bank account <input type="checkbox"/> Transferred to an account held with another financial institution	<input type="checkbox"/> Reinvested to this account <input type="checkbox"/> Transferred to another Rural Bank account <input type="checkbox"/> Transferred to an account held with another financial institution
Please complete the account details if you have requested interest to be transferred to another account:	(not applicable)	NAME OF FINANCIAL INSTITUTION <input type="text"/> BRANCH <input type="text"/> BSB <input type="text"/> ACCOUNT NUMBER <input type="text"/> ACCOUNT NAME <input type="text"/> REFERENCE (if any) <input type="text"/>	NAME OF FINANCIAL INSTITUTION <input type="text"/> BRANCH <input type="text"/> BSB <input type="text"/> ACCOUNT NUMBER <input type="text"/> ACCOUNT NAME <input type="text"/> REFERENCE (if any) <input type="text"/>
Please indicate the reason for opening the account(s):	<input type="checkbox"/> Account consolidation <input type="checkbox"/> Branch location <input type="checkbox"/> Customer service	<input type="checkbox"/> Interest rates <input type="checkbox"/> Product features <input type="checkbox"/> Marketing/campaigns	<input type="checkbox"/> Refinance RB account(s) <input type="checkbox"/> Refinance other financial institution account(s) <input type="checkbox"/> Other <input type="text"/>

1 A business cheque book is not permitted when any account signatory is less than eighteen years of age.
 2 A VISA Debit card is not permitted where the signing authority is 'two to sign'.

FINANCIAL CLAIMS SCHEME DISCLOSURE STATEMENT

Deposits with Rural Bank are covered by the Financial Claims Scheme. The account holder may be entitled to payment under the Financial Claims Scheme. Payments under the Scheme are subject to a limit for each depositor. Information about the Financial Claims Scheme can be obtained from the APRA website at <http://www.apra.gov.au> and the APRA hotline on 1300 55 88 49.

J 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.

K 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 understand that unless otherwise indicated in this application any one account signatory (where there is more than one) can operate the account without the others' permission and that I am/we are responsible for transactions conducted accordingly.
6. 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.

SIGNING AUTHORITY (please tick one box only)

Any one or two of the applicants or authorised signatories (if any) can operate this account.
 The signature will become your specimen signature and may be applied to all accounts for which you are an authorised signatory.

EXECUTION - IF INDIVIDUAL OR PARTNERSHIP

AUTHORISED SIGNATORY 1

SIGNATURE

DATE

FULL NAME

AUTHORISED 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 3

SIGNATURE

DATE

FULL NAME

AUTHORISED SIGNATORY 4

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)

L 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 H, copies of which have been taken and supplied; and
4. Witnessed any new applicant's signature.

CHECKING OFFICER SIGNATURE

BRANCH NAME

DATE

BRANCH COST CENTRE NUMBER

CHECKING OFFICER NAME

BRANCH PHONE NUMBER

AGENT NUMBER (if applicable)

ADDITIONAL AUTHORISED SIGNATORIES FORM ATTACHED?

YES NO