

iLink and PaymentsPlus – Administrator Establishment/Removal Form

The purpose of this form is to obtain authorisation to:

- add a new Administrator to an iLink and/or PaymentsPlus portal(s); or
- remove an existing Administrator from an iLink and/or PaymentsPlus portal(s).

This form also enables Westpac to collect key information necessary in order to verify the identity of a new Administrator.

Return the completed form to your bank representative.

All fields in applicable sections are mandatory.

Section 1 - Orgai	nisation details							
Organisation name				Organisation Cu	ıstomer Nur	nber		
iLink System Code				PaymentsPlus B	Buyer Code			
	Code on the po	he Company Connect rtal under Administra						
Section 2 - Admi	inistrator detai	ls						
	cuments submitt	trator to be added/re ted with this form. If the r number.						
Customer number								
Title (e.g. Mr, Mrs) First name			Middl	e name			Surname	
Is the Administrator	known by any ot	:her name(s)?	es 🗀	No				
If yes, please provide	e other name(s)						Date of Birth	
							/ /	
Residential address	(not PO Box)							
Street number	Street name							
Suburb	State	9		Postcode		Col	untry	
Mobile number		Business number	er		Email a	ddress		
Position held (please	e select from list	in Bank Use Only sect	tion if	drop-down box	is not availa	ble)		
Select one of the follo								

Note: It is an offence under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* to knowingly provide false and misleading information.

Section 3 - Role				
Please indicate whether the individual listed in Section 2 is being added or removed as an Administrator:				
Add Remove				
Select the products this request relates to:				
☐ iLink ☐ PaymentsPlus ☐ iLink & PaymentsPlus				
Note: If an existing Administrator is being removed but will be appointed as a User, please also submit iLink and PaymentsPlus - User Establishment/Removal Form.				
Is the Administrator employed by or contracted to:				
the organisation named in Section 1 or				
a third party entity/contractor? This includes other entities within the same corporate group and entities acting as a service provider to the entity named in Section 1.				
Third Party/Contractor Entity Name				
(Mandatory if the Administrator is employed by a third party.)				
The instructions on this form are effective from.				
Date				
Section 4 - Administrator Portal Access				
Only complete this section if a new Administrator is being added.				
Please select applicable permissions for the Administrator. These permissions can be amended via the por submitting this form again.	rtal without			
iLink	Add			
	Add			
iLink	Add			
iLink Authorise Files	Add			
iLink Authorise Files Upload Files	Add			
iLink Authorise Files Upload Files Search and Download Files Setup Connectivity				
iLink Authorise Files Upload Files Search and Download Files	Add			
iLink Authorise Files Upload Files Search and Download Files Setup Connectivity				
iLink Authorise Files Upload Files Search and Download Files Setup Connectivity PaymentsPlus				
iLink Authorise Files Upload Files Search and Download Files Setup Connectivity PaymentsPlus Authorise Invoice Files				
iLink Authorise Files Upload Files Search and Download Files Setup Connectivity PaymentsPlus Authorise Invoice Files Authorise Payment Files				
iLink Authorise Files Upload Files Search and Download Files Setup Connectivity PaymentsPlus Authorise Invoice Files Authorise Payment Files Payment Maintenance				
iLink Authorise Files Upload Files Search and Download Files Setup Connectivity PaymentsPlus Authorise Invoice Files Authorise Payment Files Payment Maintenance View Portal Data				
iLink Authorise Files Upload Files Search and Download Files Setup Connectivity PaymentsPlus Authorise Invoice Files Authorise Payment Files Payment Maintenance View Portal Data Send Recipient Invites				
iLink Authorise Files Upload Files Search and Download Files Setup Connectivity PaymentsPlus Authorise Invoice Files Authorise Payment Files Payment Maintenance View Portal Data Send Recipient Invites Upload Payment/Invoice Files	Add			
iLink Authorise Files Upload Files Search and Download Files Setup Connectivity PaymentsPlus Authorise Invoice Files Authorise Payment Files Payment Maintenance View Portal Data Send Recipient Invites Upload Payment/Invoice Files PaymentsPlus - additional roles for Supplier Portal only	Add			
iLink Authorise Files Upload Files Search and Download Files Setup Connectivity PaymentsPlus Authorise Invoice Files Authorise Payment Files Payment Maintenance View Portal Data Send Recipient Invites Upload Payment/Invoice Files PaymentsPlus - additional roles for Supplier Portal only Upload Recipient Files	Add			

Section 5 - Privacy Statement (for individuals whose personal information may be collected - in this clause referred to as "you")

All personal information and credit-related information (if applicable) we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at westpac.com.au/privacy/privacy-statement or by calling us through your relationship manager or Westpac representative. Our Privacy Statement also provides information about how you can access and correct your personal information, and make a complaint. You do not have to provide us with any personal information or credit information (if applicable) but, if you don't, we may not be able to process an application or a request for a product or service.

Where individuals engage with us in relation to products and services for our business, corporate or institutional customers (for example, as representative, administrator, director, corporate officer, signatory, beneficiary or shareholder of one of our customers) our Privacy Statement will be relevant to those individuals where we collect and handle their personal information. For example, where we collect their personal information to verify their identity or collect their signature as a signatory on a corporate account.

Section 6 - Privacy Obligations

To the extent that it applies to you, you must comply with the *Privacy Act 1988* (Cth) in relation to any personal information you provide to Westpac in connection with this Agreement, and if you engage in activities in a jurisdiction other than Australia, you must comply also with the applicable privacy laws in that jurisdiction.

Section 7 - Foreign Tax Residency

We are required under domestic and international laws to collect and report financial and account information relating to individuals and organisations who are, or may be, foreign tax residents. We may ask you whether you or any shareholder, beneficiary, settlor or controlling person are a foreign tax resident from time to time, such as when you open an account with us, or if your circumstances change. If you do not provide this information to us, we may be required to limit the services we provide to you e.g. in a form of account restrictions if you have not provided us with your foreign tax residency information 30 days after we have contacted you.

Unless you tell us otherwise, by completing any application, you certify that any shareholder, named beneficiary, settlor or controlling person is not a foreign tax resident. You must tell us if you, or any shareholder, named beneficiary, settlor or controlling person is, or becomes, a foreign tax resident (unless an exemption applies, such as for shareholders of listed companies). Where there are no named beneficiaries (for example for beneficiaries identified only as a class) you must tell us if a beneficiary is a foreign tax resident immediately when any decision is made to identify and make a distribution to them. You may contact us to provide foreign tax residence information by calling Foreign Tax Operations on 1300 725 863 or +61 2 9155 7580 for customers outside Australia. For more information you can also visit our page on Foreign Tax Residency: westpac.com.au/foreigntaxresidency

We cannot give tax advice, so please contact your independent tax advisor if you need help finding out whether any person is a foreign tax resident.

Section 8 - Administrator Acknowledgements and Consents

Only complete this section if a new Administrator is being added.

I, the person named in this request as Administrator, consent to being added as an Administrator to the portal. I acknowledge the use of the portal will be governed by the Administrator guides and terms and conditions for the portal available in the portal or from the Bank.

Administrator signature	Date
V	/ /
^	

Section 9 - Authorised representative to complete

The following section must be completed by an Authorised Representative of the Organisation.

If a new Administrator is being added:

• I/We nominate and authorise the individual nominated as Administrator in Section 2 and whose signature appears in Section 8 to act as an Administrator with respect to the iLink/PaymentsPlus facility(ies) listed in Section 1.

Section 9 - Authorised representative to complete (continued)

- I/We authorise the Administrator to:
 - Add, modify, or remove Users (except for other Administrators) via completion of the User Establishment form;
 - Reset passwords;
 - View audit history; and
 - Exercise any other permissions granted in Section 4.
- I/We undertake to advise Westpac as soon as practicable should the authorisation/nomination of the Administrator be revoked or the individual cease to be an employee, agent or contractor of the Organisation.
- I/We acknowledge that all Administrators need to be identified by Westpac before they can be established on iLink and PaymentsPlus.

If an existing Administrator is being removed:

• I/We authorise and instruct Westpac to remove the individual whose details appear in Section 2 from their position as Administrator with respect to the iLink/PaymentsPlus facility(ies) listed in Section 1, and acknowledge that the functions of a Administrator listed above will no longer be available to them.

Signed for and on behalf of the Organisation:

Authority Execution
Which option will you be signing under?
Organisation is an Australian Company (Registered with ASIC)
Company: Two Directors or a Director and Company Secretary
Non-Company Organisation
 Trust: Trustee - if a Company (see above) or by an Individual Trustee Association: In accordance with Minutes of Meetings or other authority Partnership: Two Partners or other authority
Power of Attorney
Note: Execute using the following section where signing under a power of attorney
Signed for and on behalf of:
By its attorney(s) under the authority of a power of attorney dated
Delegation of Authority
By the authority of a resolution of the directors of the company (at a properly constituted meeting, where a meeting is required). I/We authorise on behalf of the company the persons whose name(s) and specimen signature(s) appear in the section 'Details of persons Authorised', in the name and on behalf of the organisation:
Signed for and on behalf of:
Organisation is a Foreign Company
Authority Signatory(ies)
To be signed in accordance with the instructions provided by the organisation at establishment of the facility.

Section 9 - Authorised repre	sentative to complete (c	ontinued)		
Signatory 1				
Name		Position/Title (e.g. Director, Partner etc)		
Signature		Date		
V		/ /		
X				
Signatory 2 (if applicable)				
Name		Position/Title (e.g. Director, Partner etc)		
Signature		Date		
X		/ /		
/				
Bank Use Only				
Bank Officer checklist for proces	sing			
Officers/Delegated Authority, If applicable, Identification do authorised certifier, and conta	'Power of Attorney. cuments provided have beer in the applicant's full name a	pleted and signed by the applicant and the Executive n certified as a true copy of the original document, signed by an and date of birth. tion and the applicant's profile is on Service Online.		
User CIS Key	User Bank IDV	User Customer number		
Security Access Manager (SAM)	Paguast ID			
(Branch do not complete)	Request ID	Bank Officer Name		
Phone		Salary Number		
Signature		Date		
V		/ /		
^				
For SAM activation only		Bank Officer Name		
I have reviewed and complete	d the user access request	Dank Officer Name		
in SAM		L		
Phone		Salary Number		
Signature		Date		
X				

Bank Use Only (continued)

Position held with employer. (Please select from the positions listed below)

Accountant	Commercial Manager	Group Accountant	Receptionist
Accounts Officer	Company Secretary	Group Financial Controller	Sales Manager
Administration Manager	Consultant	Human Resources Manager	Secretary
Administration Officer	Credit Controller	Managing Director	Senior Manager
Administrator	Credit Officer	Office Accountant	Settlements Officer
Analyst	Customer Service Officer	Office Bearer	State Manager
Assistant Accountant	Deputy Principal	Office Manager	Supervisor
Associate	Director	Operations Manager	Team Leader
Bookkeeper	Executive Assistant	Owner	Team Member
Business Analyst	Executive Director	Partner	Travel Consultant
CEO	Executor	Payroll Officer	Treasurer
Chairperson	Finance Manager	Practice Manager	Treasury Officer
Chief Finance Officer	Financial Controller	Principal	Volunteer
Chief Operating Officer	Financial Officer	Property Manager	
Clerk	General Manager		