

Section 1 - Organisation Details

Corporate Online Quick Start Establishment

The terms and conditions for Corporate Online are contained in the 'Corporate Online Terms and Conditions' book. Handwritten forms will NOT be accepted.

Full Name of Organisati	on:				
Registered Business Ad	dress:				
Town/Suburb:				State:	
Country:				Postal Code:	
Section 2 – Corporat	te Online Applica	tions			
Application	Description				Authorisation
	Enables Administra	tors to act on behalf of the Organisation.			Dual
Administration	User security tasks your Organisation's	are created and authorised to reset pass Users.	words, lock, or unlock access a	nd enable tokens for	Single
Accounts	•	r and/or export balance and transaction olicable accounts and view and/or export		ninated, stop payment	Dual
Payments	methods available i	e domestic payments including BPAY® pancludes creating a payment file within Complate or importing a payment file.		· ·	Dual
	currency. Online Pa	e domestic and international payments of ayments allows any foreign currency transmorrow, or up to Spot, and provide a live at all online. The Product Disclosure States ac's website here.	sactions up to \$5,000,000 AUI FX market exchange rate, ena	or NZD equivalent or, ables you to check and	
	Please note: if you req	uire or have accounts domiciled with Westpac d in New Zealand Dollars (NZD), all in the same		onality will also apply	
Receipts	•	and/or export receipt details for Inward isinessChoice Card reporting if nominate	*	rns, RECall, EFTPOS,	Not Applicable
Deposits	instructions. Enable Business Banking c	nin quotes for corporate term deposits, o es you to provide Evergreen notices.	pen a corporate term deposit :	and provide maturity	Dual
Section 3 – Daily C	hannel Limit f	or Payments			
your Organisation via Corpo	rate Online per calen	al amount that can be transacted by dar day. nount of zero will apply and no	O \$100,000	O \$500,000	
payments will be able to be Payment limits cover all ben	processed. neficiary payments (in	cluding tax payments), Bpay payments	O \$1,000,000	O \$5,000,000	
and all import files, includin Transfer Funds between you included (exempt) in the pa	ur organisation's own	File creation. accounts with the same Office are not	O \$		
Section 4 – Accoun	its to be acces	sed via Corporate Online			
		t on the attached Corporate Onli type of access granted with this a		the details of the Ac	count(s)

BSB and Account Number If a Term Deposit account, please indicate by placing (TD) after the account number.	Currency	Account Description (Maximum 25 characters) This description will be used for displaying the account in Corporate Online. Administrators can amend this description after establishment.	Allow access to view and export balances and transaction information and stop cheques	Allow access to make payments and transfer funds	Does your Organisation own this account?
					☐ No
					☐ No
					☐ No
					☐ No

Invoice Account ID	Invoice Account ID		Invoice A	count ID			
Section 7 – Administering y	our Organisation in Corporate	Online					
The following settings define how	your Organisation will be administer	red in Corpor	ate Online.				
☑ Administration tasks to the property of	use a Dual authorisation model.						
User security tasks in	Administration use a Single authorisa	ation model.					
☑ Both authorisers in Act	dministration must be of equal autho	rity					
✓ Users may be both cre	eators and authorisers and authorise	rs may self-a	uthorise.				
Section 8 – Account Feature	es						
The Accounts application enables cheques for applicable accounts.	you to view balance and transaction This includes:	details for al	I the account	s nominated	and stop pa	iyment	: on
☑ Transaction information	tion including statements.						
Current Data - Autor							
Voucher images		Manage	e stop chequ	د میں اانس عم	Dual author	ication	
☑ Export transaction ir —		_	and Users ma			isation	1
	oort schedules and merge files.		i sers and aut	-		ise.	
✓ On-demand schedule Do you want to access the Access				Yes	O N	lo.	
•	_) 1es	J N	10	
Section 9 – Receipt Services							
Access the Receipt Service(s) below o	or set out on the attached Corporate Onlin	ne Annexure Fo	orm. List the	details of the	Receipt Servic	e(s).	
Service ID		AUDER	AUICD	AURRP	AUCCS	Does yo	
(Please supply the relevant infor columns to the right)	mation for each service as show in	Direct Entry Retu Reporting	rn Inward Cheque Dishonours	RECall Remittance Processing	Australian Commercial	own this	
columns to the right)		(Specify a 6-digi Direct Entry ID + B		(Specify a 6-digit RECall ID)	or BusinessChoice	Ser vice:	
		& Account No.)			Cards (Specify an 8-digit		
		_	_	_	Company ID)		
		O	O	•	O	u	No
		0	0	0	•		No
		O	O	0	•		No
		C	O	O	O		No
		O	O	O	O		No
Merchant Services							
		nline Annevure	Form. List th	e details of th	e Merchant S	ervice(s	s).
Access the Merchant Service(s) below	v or set out on the attached Corporate Oi	milic Amickarc				1	
Access the Merchant Service(s) below	Description	AUPOS	How do you wa		110114	Does you Organisat	
	Description	AUPOS		POS Merchant	Merchant HQ Statements	Does you Organisat this service	tion own

Section 5 – Trade Finance Agreement for Payments

Section 6 – Billing Statements

Enter the Master Agreement date of the Trade Finance facility you want to use for Payments

☐ No

■ No

■ No

■ No

□ No

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(default)

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Section 10 – Payment Features and Authorisation Models

The following settings define how your Organisation will be administered in Corporate Online.

- ☑ Dual authorisation model
- ☑ Both authorisers must be of equal authority (i.e., any 2 authorisers can authorise a payment)
- ☑ Users may be both creators and authorisers.

Description of Feature Authorisation Model Payment Features Beneficiary Payments Transfer funds Dual (greater security) Existing and new beneficiary payments Dual (greater security) Manage beneficiary details ✓ Single ✓ All available currencies Cross Currency payments Payments with files Manage templates ✓ Single Import and create payment files Dual (greater security) ✓ Australian Direct Entry only Extendable cut off time

Payment Services

Access the Payment Service(s) below or set out on the attached Corporate Online Annexure Form. List the details of the Payment Service(s).

Service ID (Please supply the relevant	Payment Service Types Does your organisation ow this Service?	Organisation own	Delivery Channel for process files (AUDES and AUPPS only)					
information for each service e.g., for AUDES this is the six-digit Direct Entry ID No.)	AUCCP Australian Commercial or Business Choice	AUDES Australia Direct Entry Services	AUPPS Australia Payment Processing Service	uns service:	Submit file Extranet (WIBS/iLink) + Corporate Online	Files submitted via Corporate Online	Files subm Extranet/WIBS authorised	S/iLink to be I in COL.
	Cards	0	0	Yes	Yes	Yes	(Default	O No
	O	0	0	Yes	Yes	Yes	O Yes	O No
	O	0	0	Yes	Yes	Yes	O Yes	O No
	O	0	0	Yes	Yes	Yes	○ Yes	O No
	C	0	0	Yes	Yes	Yes	○ Yes	O No

Section 11 – Term Deposit Features and Authorisation Model

Corporate Customers

- ☑ Get quotes for term deposits.
- ☑ Manage term deposits.
- ☑ Disburse principal to another bank at maturity.
- ☑ View and print Evergreen / Notice saver.
- ☑ Manage Evergreen / Notice saver.

All of the deposit features will use the following authorisation model:

- Dual authorisation model
- Users may be both creators and authorisers.

Business Banking Customers

- ☑ View and print Evergreen / Notice saver.
- ☑ Manage Evergreen / Notice saver.

All of the deposit features will use the following authorisation model:

- > Dual authorisation model
- Users may be both creators and authorisers.

For the 'Deposits' application, on signing this form you:

- 1. Subject to your instructions in section 'Deposits', agree for Westpac to accept instructions from any User to:
 - (a) Open and provide instructions on Corporate Term Deposit accounts in the name of the Organisation via Corporate Online; and/or
 - (b) provide Evergreen / Notice Saver notices in the name of the Organisation via Corporate Online.
- [Corporate Term Deposits] Acknowledge that interest rate quotes are subject to change. For an interest rate quote to be binding, the Term Deposit application
 must be authorised by the Users (in accordance authorisation model) before the Cut-Off Time has passed on the Banking Day that the interest rate quote was
 requested. If funds are not deposited on your nominated lodgement date both the interest rate and lodgement date are subject to change.
- 3. [Corporate Term Deposits] Acknowledge that you have read and agree to the terms and conditions that apply to Corporate Term Deposits and that the terms and conditions (as varied from time to time) will govern each Corporate Term Deposit opened by the Organisation.

- 4. [Westpac Evergreen/Notice Saver] Acknowledge that you have read and agree the Westpac Evergreen / Notice Saver Combined Financial Services Guide and Product Disclosure Statement ("the Terms and Conditions") that apply to the Account and that the Terms and Conditions (as varied from time to time) will govern each Account opened by the Organisation.
- 5. Represent and warrant to Westpac that the Users:
 - a. have been legally appointed in the capacity stated in this relevant instruction; and
 - b. providing the instruction have the power and authority to give their Instruction, and to bind the Organisation.
- 6. Indemnify Westpac against any claims, losses, costs, or damages suffered, incurred, or conceded by Westpac as a result of Westpac acting in accordance with this authority, including but not limited to any claims for breaches of privacy or confidentiality or fraud caused by your employees.
- 7. Represent and warrant to Westpac that:
 - a. the Users have been legally appointed in the capacity stated in this relevant instruction; and
 - o. the Users providing the instruction have the power and authority to give their instruction, and to bind the Organisation

Section 12 –	Office Detail	S	, ,		<u> </u>	
Preferred Offi Maximum 35 cha		The Preferred Office Name	e will appear on all benefi	ciary payments you ir	nitiate from this Offic	ce.
Mailing Add	ress					
Mailing Addre	ess:					
Town/Suburb	:				State:	
Country:					Post code:	
-	okens and Passwor	ds are Express Posted to the a	bove mailing address. A P	O Box is recommend	ed as your mailing a	ddress (for Australia and New
Zealand only). Billing Accou	ınt Details					
		All billing for Aus dollar billing acco		this Corporate Online	Office will be charge	ed to the nominated Australian
		All billing for Nev Zealand dollar bil		or this Corporate Onli	ne Office will be cha	arged to the nominated New
			ua New Guinea Kinas dolla a New Guinea Kina billing		rporate Online Offic	e will be charged to the
		All billing for Fiji	charges for this Corporate	Online Office will be	charged to the nom	inated Fiji dollar billing account
Account Gro	ups for this C	Office				
All accounts se Currency'.	lected in the 'Ad	ccounts to be accessed v	ria Corporate Online'	section will be ac	dded to the acco	ount group 'Australia
Currency	BSB and Acc	ount Number	Group Name (maxii	mum 25 characters)		

Section 13 – Corporate Online Administrators

This section allows you to establish up to three Administrators in Corporate Online.

Administrators may act as a Verifying Officer on behalf of the Organisation and are authorised to identify, add, amend, or delete; reset passwords, lock, and unlock users; add and assign accounts or services to an organisation, amend the existing daily channel limit for the organisation; enable tokens for authenticating users, and amend access to accounts or services of an organisation. Administrators must be employees of the Organisation or a related Company.

Administration:

- > Users/Administrators will be established as **creators and primary authorisers** in Administration.
- ➤ Users/Administrators will be established as **Super Administrators** and be able to manage all offices and users, create new offices and users, resent user passwords, and lock and unlock users within your Organisation.

Token delivery:

• All tokens will be delivered to the Administrator nominated as Administrator #1.

The below information will be used for security verification purposes by your Organisation's Corporate Online Administrators and/or when you call the Corporate Helpdesk, for example when you request a password reset. Session Timeout and Hours of Availability Session timeout period - displayed in minutes 15 20 30 45 60 90 120 150 180 240 10 (default) \bigcirc \bigcirc 0 \mathbf{O} O O 0 O O 0 0 Hours of availability 24 hour, 7 day a week access Monday to Friday (select times below) Limited Access (If no times are selected Monday Tuesday • Wednesday standard times of 8am to 5pm will be given) Thursday Friday (Select times below) **Start Time: Finish Time: Availability** Administrator 1 (all fields are mandatory) All of the applications and features nominated above will be made available to the Administrators nominated in the sections below. Note: All Administrators must be identified at a Westpac branch, please insert their customer number. 8-digit customer number: Given Name(s): Surname: Title: Other Names: Preferred Name: Other Names: Preferred Name: **Q** Job Title: **Email Address:**

Personal Information for Administrator 1 (all fields are mandatory)

Business Phone:

Residential Address:		
Town/Suburb:	State:	
Country:	Postal code:	
Date of birth:		

Payment Authorisation Limits for Administrator 1 (all fields are mandatory)

Payment limits cover all beneficiary payments (including tax payments), Bpay payments and all import files, including those created with File creation. Transfer Funds between your organisation's own accounts with the same Office are not included (exempt) in the payment limits.

Payment daily limit:	\$ Payment transaction limit:	\$
File daily limit:	\$ File individual transaction limit:	\$

8-digit customer number:								
Given Name(s):								
Surname:					Title	2:		
Other Names:					Pref	erred Nan	ne:	O
Other Names:					Pref	erred Nan	ne:	O
Job Title:					·			
Email Address:								
Business Phone:								
Personal Information fo	r Adm	inistrator 2 (all field	s are mandatory)					
Residential Address:								
Town/Suburb:				State:				
Country:				Postal code:				
Date of birth:								
Payment Authorisation					-1111-	Ette evention		
Payment limits cover all beneficiary Transfer Funds between your organ				=		File creation	1.	
Payment daily limit:	\$		Payment transaction limit	t:	\$			
File daily limit:	\$		File individual transaction	n limit:	\$			
Administrator 3 (all field:		and stand			Ψ			
	s are m	andatory,						
• •			available to the Administrato	rs nominated in t	the section	ns below.	Note	: All
Administrators must be identified at				rs nominated in t	the section	ons below.	Note	: All
Administrators must be identified at 8-digit customer number:				rs nominated in t	he sectio	ons below.	Note	: All
Administrators must be identified at 8-digit customer number: Given Name(s):				rs nominated in t			Note	: All
Administrators must be identified at 8-digit customer number: Given Name(s): Surname:				rs nominated in t	Title	2:		
Administrators must be identified at 8-digit customer number: Given Name(s): Surname: Other Names:				rs nominated in t	Title Pref	e: Ferred Nan	ne:	O
Administrators must be identified at 8-digit customer number: Given Name(s): Surname: Other Names: Other Names:				rs nominated in t	Title Pref	2:	ne:	O
Administrators must be identified at 8-digit customer number: Given Name(s): Surname: Other Names: Other Names: Job Title:				rs nominated in t	Title Pref	e: Ferred Nan	ne:	O
Administrators must be identified at 8-digit customer number: Given Name(s): Surname: Other Names: Other Names: Job Title: Email Address:				rs nominated in 1	Title Pref	e: Ferred Nan	ne:	O
Administrators must be identified at 8-digit customer number: Given Name(s): Surname: Other Names: Other Names: Job Title: Email Address: Business Phone:	a Westp.	ac branch, please insert their	customer number.	rs nominated in t	Title Pref	e: Ferred Nan	ne:	O
Administrators must be identified at 8-digit customer number: Given Name(s): Surname: Other Names: Other Names: Job Title: Email Address: Business Phone: Personal Information fo	a Westp.	ac branch, please insert their	customer number.	rs nominated in t	Title Pref	e: Ferred Nan	ne:	O
Administrators must be identified at 8-digit customer number: Given Name(s): Surname: Other Names: Other Names: Job Title: Email Address: Business Phone: Personal Information for Residential Address:	a Westp.	ac branch, please insert their	customer number.		Title Pref	e: Ferred Nan	ne:	O
Administrators must be identified at 8-digit customer number: Given Name(s): Surname: Other Names: Other Names: Job Title: Email Address: Business Phone: Personal Information for Residential Address: Town/Suburb:	a Westp.	ac branch, please insert their	customer number.	State:	Title	e: Ferred Nan	ne:	O
Administrators must be identified at 8-digit customer number: Given Name(s): Surname: Other Names: Other Names: Job Title: Email Address: Business Phone: Personal Information for Residential Address: Town/Suburb: Country:	a Westp.	ac branch, please insert their	customer number.		Title	e: Ferred Nan	ne:	O
Administrators must be identified at 8-digit customer number: Given Name(s): Surname: Other Names: Other Names: Job Title: Email Address: Business Phone: Personal Information for Residential Address: Town/Suburb: Country: Date of birth:	r Adm	inistrator 3 (all field	s are mandatory)	State: Postal code:	Title	e: Ferred Nan	ne:	O
Administrators must be identified at 8-digit customer number: Given Name(s): Surname: Other Names: Other Names: Job Title: Email Address: Business Phone: Personal Information for Residential Address: Town/Suburb: Country: Date of birth: Payment Authorisation Payment limits cover all beneficiary	r Adm	inistrator 3 (all field for Administrator 3 s (including tax payments), Bp	s are mandatory) (all fields are mandatory pay payments and all import files,	State: Postal code:	Title Pref Pref	e: Ferred Nan	me:	O
Administrators must be identified at 8-digit customer number: Given Name(s): Surname: Other Names: Other Names: Job Title: Email Address: Business Phone: Personal Information for Residential Address: Town/Suburb: Country: Date of birth: Payment Authorisation	r Adm	inistrator 3 (all field for Administrator 3 s (including tax payments), Bp	s are mandatory) (all fields are mandatory pay payments and all import files,	State: Postal code:	Title Pref Pref	e: Ferred Nan	me:	O
Administrators must be identified at 8-digit customer number: Given Name(s): Surname: Other Names: Other Names: Job Title: Email Address: Business Phone: Personal Information for Residential Address: Town/Suburb: Country: Date of birth: Payment Authorisation Payment limits cover all beneficiary	r Adm	inistrator 3 (all field for Administrator 3 s (including tax payments), Bp	s are mandatory) (all fields are mandatory pay payments and all import files,	State: Postal code: including those creating the payment limit	Title Pref Pref	e: Ferred Nan	me:	O

Administrator 2 (all fields are mandatory)

Section 14 – Corporate Online Users

All of the applications and features nominated above will be made available to the Users nominated in the sections below. Note: If Users have been identified by Westpac branch, please insert their customer number.

User 1 (all fields are man	datory)					
8-digit customer number:						
Given Name(s):						
Surname:					Title	:
Other Names:					Prefe	erred Name: Q
Other Names:					Prefe	erred Name: O
Job Title:						
Email Address:						
Business Phone:						
Personal Information f	or User	1 (all fields are mand	atory)			
Residential Address:						
Town/Suburb:				State:		
Country:				Postal code:		
Date of birth:						
Payment Authorisation				including these area	atad	. File creation
Payment limits cover all beneficiar Transfer Funds between your orga						i riie creation.
Payment daily limit:	\$		Payment transaction limit	t: [\$	
File daily limit:	\$		File individual transaction	ı limit:	\$	
User 2 (all fields are man	datory)			L		
8-digit customer number:						
Given Name(s):						
Surname:					Title	:
Other Names:					Prefe	erred Name: 🔾
Other Names:					Prefe	erred Name: O
Other Names:						erred Name: Q
Job Title:						
Email Address:						
Business Phone:						
Personal Information fo	or Use <u>r</u>	· 2 (all fields are manda	atory)			
Residential Address:						
Town/Suburb:				State:		
Country:				Postal code:		
Date of birth:				1		
Payment Authorisation				4		
Payment limits cover all beneficiar Transfer Funds between your orga						File creation.
Payment daily limit:	\$	own accounts with the saille C	Payment transaction limit	Г	\$ \$	
File daily limit:	\$		File individual transaction	-	\$	
	۲				Ą	

Privacy Statement

All personal information and credit-related information 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 on 132 032. 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 but, if you don't, we may not be able to process your application or request.

Other Acknowledgments and Consents

We may confirm the details of the information provided in this application which includes contacting your employer.

Definitions

"We", "our", "us" means Westpac Banking Corporation ABN 33 007 457 141. "Westpac Group" means Westpac Banking Corporation and its related bodies corporate.

Administrator 1 Given Name: Surname: Date: Signature: Administrator 2 Surname: Given Name: Signature: Date: **Administrator 3** Given Name: Surname: Signature: Date: User 1 Surname: Given Name: Signature: Date: User 2 Given Name: Surname: Signature: Date:

Section 15 – Executive Officers' Authorisation and Acknowledgement

Acknowledgement

We acknowledge that we have received, read, and agree to the Corporate Online Terms and Conditions and the Fees and Charges Information Sheet, plus specific terms, and conditions relevant to any online applications we have selected above. We also acknowledge that we have read and agree to the terms and conditions set out in above if we have selected the Term Deposit and Evergreen/Notice Saver feature.

Where a preferred option is required to be selected in this form and a selection has not been made, we accept the stated default setting on this form as our chosen option. We declare that the information provided by us in this form, is to the best of our knowledge and belief true and accurate.

Section 16 – Administrator Authorisation

Executive Officers of this Organisation are to read and sign this section.

We nominate and authorise the individual nominated as an Administrator and whose signature appears above, to be an Administrator/Verifying Officer on behalf of the Organisation in respect of all Users and all Accounts and services nominated for access through Corporate Online. We authorise the Administrator to:

- · Identify, add, amend, and delete Users; assign features to Users. This may incur additional fees and charges;
- Enable Tokens for Authenticating Users, reset passwords, lock, and unlock Users;
- · Amend, or delete Offices; Nominate billing accounts for new Offices;
- Amend the existing daily channel limit for the Organisation;
- · Add, delete accounts or services for you to access; Amend Corporate Online access to accounts or services;
- Manage the delivery options for any statements accessible through Corporate Online, including but not limited to Account Statements, Merchant Statements and Billing Statements.

Where you are not the owner of an Account, you must obtain the authority of the owner of that Account to nominate an Administrator, who is authorised to perform the above services.

We have been advised of the Bank's Verifying Officer Criteria and we certify that the Organisation is eligible under those criteria to nominate Administrators/ Verifying Officers for the purpose of authorising Users. We undertake to advise you as soon as practicable should the authorisation/nomination of the Administrator/Verifying Officer be revoked or the individual cease to be an employee, agent, or contractor of the Organisation.

We undertake to ensure that the Administrator will inform each User of the Privacy Statement located above.

By a legally constituted meeting of the Organisation or Directors of the company as the case may be, authority was given to the person named to act in terms of the nomination.

All Administrators need to be Westpac identified before they can be established on Corporate Online. Before sending this form to Westpac please ensure that the Administrator has been identified by Westpac. Please contact your Westpac Representative should you require further information on the identification process.

If you want to access accounts and/or services via Corporate Online that are not owned by your Organisation, the Third Party Account Holder who owns the account and/or service must complete a separate Third Party Access Authority Form granting you access, and which must accompany this form.

Signed for and on behalf of the Organisation.

	Executive Officer 1		Executive Officer 1
	Duly authorised signatory (e.g., Director, Trustee, Partner)	_	Duly authorised signatory (e.g., Director, Trustee, Partner)
Name:		Name:	
Position:		Position:	
Signature:		Signature:	
Date:		Date:	

Once completed and signed please return this form to your Westpac representative.

Sav	ction 17	Facsimile /	Email Authority and Indemnity		
Го:			ration ABN 33 007 457 141 ("Westpac")		
	·		ation ABN 33 007 437 141 (Westpac)		
C	Organisatio	n Name:			
C	Customer A	BN:			
C	CIS Key:				
t wo	ould be conve	nient and, in our ir	nterests, if we could from time to time, send instruct	ions, confirma	tions or other information by means of facsimile and/or email.
	estpac in rela		its, facilities, services, or other arrangements (include	ling but not lim	ited to Corporate Online) which we may now or in the future
			g to accept instructions, confirmations or other info rindemnities, we agree that:	rmation appear	ring to be sent by us by the above means, and without limiting
1.	confirmation provided or an account f requesting,	ns or other informations or other into by Woor the purposes of directing or otherwall thousands that a	ition of the type contained in the facsimile or email estpac. Without limitation, this includes our undert- relevant Anti-Money Laundering and Counter-Terro rise in connection with transactions on that account	under the term aking that only orism Financing or in connectio	e given by a person or persons authorised to give instructions, is on which the product, facility, service, or transaction is persons who have been property identified as signatories to legislation will provide instructions by facsimile or email on with this Corporate Online facility. Westpac will not be the identification line in that email differs from the name of
2.		le or email will be i included as an att		any) prescribed	for the relevant purpose. In the case of email that prescribed
3.			ne telephone number notified from time to time for Vestpac for the relevant purpose.	that purpose b	y Westpac and each email will be sent to the email address
1.	number noti	fied from time to t		aken to have b	ed to be legible by Westpac having been sent to the telephone een received by Westpac if you receive a return email from eccipt.
5.	if a facsimile	or email appears	on its face to be genuine, Westpac has no obligation	to verify its au	thenticity or accuracy.
5.	email transn	nitted or by what n		and notwithsta	I regardless of by whom the actual or purported facsimile or anding that such facsimile or email may have been initiated or n.
7.	-	•	ite discretion, defer acting in accordance with the with the with the with the with the will not be under any obligation to so defer in a		t of a facsimile or email pending further enquiry to or
3.	having acted reliance on a email we als	l or delayed or defo facsimile or email o agree that neithe	erred acting, or (in the case of an instruction or conf except to the extent that Westpac has acted neglig	irmation receiv ently or fraudu against Westpa	expenses however arising out of or in connection with Westpace and more than once), repeating an action in full or partial lently in any circumstances in relation to that facsimile or c in relation to these payments and actions and that Westpace pority and indemnity.
€.	part to alwa	ys accept facsimile			csimiles or emails does not constitute an undertaking on its se us that it is no longer prepared to accept facsimiles or
10.	alternatives	exist. Facsimiles o	=	plicated, interc	rmations or other information to Westpac and more secure epted, or viewed by unauthorised third parties, and we accept withese means.
11.	each release	and indemnity giv Westpac prior to it	en in this document survives the cancellation of this	authority in re	, espect of all emails and facsimiles received or taken to be having sufficient time to disseminate the fact of cancellation to
		Executive Off Duly authorised sign	icer 1 natory (e.g., Director, Trustee, Partner)		Executive Officer 2 Duly authorised signatory (e.g., Director, Trustee, Partner)
N	ame:			Name:	
Po	osition:			Position:	
Si	gnature:			Signature:	

Once completed and signed please return this form to your Westpac representative.

Date

Date

Section 18 – User Identification Requirements

If the organisation holds New Zealand Accounts all Administrators and Payment Authorisers must be identified as per New Zealand AML requirements as per the below.

New Zealand Certified Copy Certificate - Corporate Online Customer Identification Documents

(To be completed for all Australian and Pacific Corporate Online (COL) users who are having New Zealand domiciled accounts assigned.)

This form is to be used by an employee of Westpac Banking Corporation to certify the identity of an individual for the purposes of transacting on New Zealand domiciled accounts via Corporate Online.

If the individual is unable to meet with a Westpac employee, they can get a copy of their relevant identification document/s certified by a Trusted Referee, for details refer to: www.westpac.co.nz/AML

Given names		Title (Mr/Mrs etc)	
Surname		Date of birth	
Residential Address:			
Town/Suburb:		State:	
Country:		Postal code:	
5 H.N			
Full Name of Organisation			
Relationship to Customer (Jo	b role)		

The personal information collected on this form and copies of relevant supporting documentation, will be held by Westpac Banking Corporation ABN 33 007 457 141 ("Westpac") and made available to Westpac New Zealand Limited. The relevant privacy policies are available at www.westpac.co.nz/wib (Westpac New Zealand) and www.westpac.co.nz/wib (Westpac New Zealand) and www.westpac.co.nz/wib (Westpac).

Part B: Details of the identification document to be certified (by Westpac or Trusted Referee)

- One identification document from the table below must be copied and certified.
- Certify the first page of the identification document copy with "Original sighted" followed by the certifier's name, title, signature, the date, and place of signing. Initial any subsequent pages.
- The identification document must be current unless specified otherwise.
- If any identification document is written in a language other than English, it must be accompanied by an English translation prepared by an accredited translator.

Identification documents – please tick (\checkmark) which document has been certified.

Document	Certified
Australian licence/permit (can either be a driver licence, learner permit, boat licence or taxi licence) *	
Australian passport (can either be current or expired within the last 2 years but must not be cancelled, defaced, or mutilated) *	
Foreign passport issued by a foreign government, the United Nations, or an agency of the United Nations (must not be cancelled, defaced, or mutilated) *	
Foreign travel document issued by a foreign government, the United Nations, or an agency of the United Nations (must not be cancelled, defaced, or mutilated) *	
Birth card issued by an Australian State/Territory Registrar of Births, Deaths, and Marriages	
18+ Proof of age card issued by an Australian State or Territory (includes NSW RTA Photo card)*	
National identity card issued by a foreign government, the United Nations, or an agency of the United Nations*	

^{*} Must contain a photograph and signature.

Other types of identification acceptable under Westpac's ID&V standard will need to be escalated to Westpac New Zealand Limited for approval under its AML Exceptions process.

Checklist for Certifier

(Must be completed by t			anking Corporation o	or Trusted Referee)			
Please review each item		-					
All parts of this form have been completed.							
_	 Identification document has been certified as 'Original sighted, represents the true likeness and identity of the applicant'. The identification document certified contains the applicant's full name and date of birth. 						
_			ant's full name and d	ate of birth.			
<u> </u>		ant in your presence.					
The certified copy			10750 0555055				
Part C: CERTIFICATION Note The Trusted Refere				i Manay Laundaring a	nd Countar Financing of		
Terrorism Act 2009. Visi		·		i-Money Laundering a	nd counter rinancing of		
Certifier full name				Position			
Business name			Business address	(not			
business name				PO Box)			
Registration number (if applicable)			Business phone	number			
Email address							
Signature of Certifier I am a Trusted Refer	ee and confirm t	hat I am not a signatory	v to any of the accou	nts and have no involv	vement in the transaction		
of business requiringWhere this certificat		n. v declaration, I confirm	that I have 5 years' c	ontinuous service witl	h my organisation.		
 I certify that this is a and sighted by me. 	true and correct	copy of the original an	d represents the tru	e likeness and identity	of the applicant above		
The applicant signed	this form in my	presence.					
 If User is not a West 	pac customer an	8-digit customer numb	er must be created v	with a valid IDV numbe	er and supplied below.		
Signature: Date:			Westpac Salary number if applicable:				
Signature.		Dute.	Westpac Salary Humber if applicable.				
The following is Mandator	y and MUST be cor	mpleted by employees of	the Westpac Banking	<u>Corporation</u>			
Applicant 8 digit customer number			Applicant Customer IDV Number (if applicable)				
Scan and email this forn	ـــ n and verified co	py of the identification	document to 'COL I	NZ Helpdesk'.			
Part D: New Zealand	-	· ·		•			
Note: Must be completed by a	n amployee of Wastn	and Now Zooland Limited					
Note. Must be completed by a	ii employee or westp	oac New Zealand Limited.		_			
Bank officer's name				Salary number			
Department							
Department							
Signature				Date			
Related Party NZ CRS n	umber						
Next steps:							
A Landaharan III	and Deleted Dest	Alexandra di Santa d					

1. Load the individual as a Related Party to the organisation in Part A.

Write the CRS Number on the certified copy of the identification document(s) and this form and send via internal bag to 'Transaction Operations'.