

BusinessChoice Change of Address Form

Please input required information onto this form, print, & sign. Once this form has been completed, please email the form to: commercialcards@westpac.com.au or fax to (02) 9374-7003. This form may be emailed directly by a customer.

Company/Business Name

Facility number

1. Change of Facility Address

Please enter the new registered or postal address for your facility below.

Note: As facility statements are sent to postal addresses when provided, completion of the postal address will alter the statement address for your facility.

Registered Business Address

Town/Suburb

Country

State

Postcode

Postal Address

Town/Suburb

Country

State

Postcode

2. Change of Card Delivery Address

Please enter the new card delivery address for cards on this facility. **Note:** This will only alter the mailing address for your card re-issues.

Postal Address

Town/Suburb

Country

State

Postcode

OR

Branch

BSB

3. Authorisation

This Authorisation must be completed by the following people for the appropriate business type:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Company (Including any company acting as a trustee) – Sole Directors or 2 Directors or 1 Director and 1 company Secretary • Partnership – 2 Partners • Sole Trader – the Sole Trader | <ul style="list-style-type: none"> • Trust with non-corporate trustee/s – Trustee/s • Other – Authorised signatory/ies as Principal/s |
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This form must be signed in accordance with the current authorisation held by Westpac. Westpac will not act on these instructions unless the signatories who sign this form are authorised to do so under the current authorisation and in the manner stated in the authorisation.

ABN ACN and/or ARBN

By Authorised signatory/Principal 1 (print name)

By Authorised signatory/Principal 2 (print name)

Principal 1 signature

Date

Principal 2 Signature

Date

Westpac Use Only / For In-Branch Submission Only

Westpac representative has verified signature(s) and that the form is signed in terms of authority held. Complete details below.

OR

Where this form has not been signed in Section 3, tick this box to confirm written authorisation (email/letter/fax) has been obtained and signature(s) have been verified.

Westpac representative's name

Contact phone number

Signature

Date

Branch Stamp or
Business Unit Name & Date

Email

Salary Number