



Account Opening Form – ACT Government use only (to be used for new account opening)

1. Customer Name

Existing Customer BSB & Account or Customer no.

No ☐ Yes ☐

ABN

Customer 's Name

(insert name of customer)

Type of organisation (e.g. Government Department, Agency)

Territory administrative unit

Being *a Directorate/an administrative unit of the
(*delete inapplicable one) (insert name of Customer)

Business Address

Postcode

Mailing Name

Phone Number

Mailing Address (if different from business address)

Postcode

If Non-Resident, deduct Withholding Tax?
(Tick (✓) No if exemption certificate held)

No ☐ Yes ☐

2. Type of Account Required

Branch

Products	<input type="checkbox"/> Corporate Cheque Account	<input type="checkbox"/> Corporate Cheque Account	<input type="checkbox"/> Cash Management	<input type="checkbox"/> Setoff	<input type="checkbox"/> Other
Options		No interest paid on this account type		The Territory will nominate if this account is to be part of the Territory's Setoff	Please specify

Account designator (optional)

Alternate account
for fees, taxes and
duties (if required)

BSB number

Account number

Cheque book details

Size	<input type="checkbox"/> 50	<input type="checkbox"/> 100	<input type="checkbox"/> 200
Crossed not negotiable	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Quantity			

Deposit book details

Size	<input type="checkbox"/> 30	<input type="checkbox"/> 50
Summary Slips	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Quantity		

Cheque/Deposit book name

Other details

3. Number of Signatures to Operate

Number of signatures required to operate on the Customer's account

4. Trust Details

- i Statutory trust account (e.g. Solicitors or Real Estate Agents Trust Account regulated by legislation) No ☐ Go to **Section 5**
Yes ☐

If **Yes**, give alternate BSB and account number for fees, taxes and duties

BSB no.

Account no.

Go to **Section 5**

- ii Is the account held in trust? No ☐ Go to **Section 5**
Yes ☐

- iii If **Yes**, is the account held by an exempt superannuation fund, the Commonwealth, a State, a Territory, a public authority or a local government body? No ☐ Go to **Section 5**
Yes ☐

If **No**, give the name and address of each trustee

Name

Address

- iv Are the beneficiaries of the trust referred to as a group?

No ☐

Yes ☐

If **Yes**, give the name of the group

5. Acknowledgement and Agreement

The Customer acknowledges and agrees or I/we on behalf of the Customer acknowledge and agree:

- of being aware of the terms and conditions that apply to this account and to be bound by those terms and conditions which apply from time to time to this account;
- that Westpac may charge to this or any other account(s) the Customer may conduct with Westpac or recover from the Customer any bank fees, government charges, taxes or duties imposed on transactions on/or which relate to the Customer's account(s); and
- that documents presented for identification purposes may be verified by Westpac with an appropriate authority.

I/We believe the details on the pages of this form to be true and correct.

Please note: the terms and conditions applicable to this account will be as contained in the ACT Government's banking agreement with Westpac.

Signed for and on behalf of the Customer:

By (Signature)

X

Given Name:

Surname:

Official Designation:

Date:

/ /

By (Signature)

X

Given Name:

Surname:

Official Designation:

Date:

/ /

6. Declaration of Australian Business Number or Tax Exemption Code

You are not obliged to provide your Australian Business Number (ABN) or Tax Exemption Code, but if you do not provide either, we are required to deduct tax from your distribution at the highest marginal rate to meet Australian Taxation Office requirements.

ABN (11 Digits) or Tax Exemption Code (9 Digits)

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Bank Use Only

BSB no.	Acct no.	Relationship management type	Special condition group
Account classification	Statement cycle	Next statement date	Manager no.

Have all account authorities been **completed**?

Yes ☐ No ☐

Have all account signatories been **identified**?

Yes ☐ No ☐

NB: If 'No' to either question, any cheque books ordered must be returned to the branch for collection.

These must be held until all relevant account authorities are provided and/or signatory identification requirements have been completed.

I certify that the procedures to open this account have been complied with.

Application form completed by:

Name	Bank Officer's Signature	Salary Number	Date
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