



ACT Government use only

(complete one form for each Customer).

Before this form is completed, please read the section titled 'Privacy Statement'.

Consisting of page(s)

Date / /

(insert number of pages if more than one page is required).

Annexure 'A' to Notice of Authority for (insert Directorate's name)

This form, which forms part of Annexure A, applies to: (insert Customer's name and ABN)

being a Customer referred to in the notice of authority applicable to
(insert Directorate's name) and its administrative units.

and its administrative units.

Annexure Details of Persons Authorised

The Persons Authorised, by signing this form, confirm and agree that:

- they must be fully identified by Westpac (and not by a Verifying Officer) for the purposes of this authority before acting under the authorisation and that Westpac may decide to accept or decline an authorisation for reasons associated with its obligations under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (the AML law) without being required to give reasons; and
- they are aware that it is an offence under the AML law to knowingly provide false or misleading information or knowingly produce a false or misleading document and that penalties for that offence can include imprisonment for up to 10 years.

| | | |
|----------------------|--|---|
| Given name | Middle name (if applicable) | Surname |
| Residential address | | <div><div></div><div>8 Digit Customer No. (if applicable)</div><div>Specimen signature</div><div>Please sign within the box</div></div> |
| Date of Birth / / | Is the signatory known by any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No ► If 'YES', provide name(s) | |
| Office held | WBC IDV. (Bank Use) | |

| | | |
|----------------------|--|---|
| Given name | Middle name (if applicable) | Surname |
| Residential address | | <div><div></div><div>8 Digit Customer No. (if applicable)</div><div>Specimen signature</div><div>Please sign within the box</div></div> |
| Date of Birth / / | Is the signatory known by any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No ► If 'YES', provide name(s) | |
| Office held | WBC IDV. (Bank Use) | |

| | | |
|----------------------|--|---|
| Given name | Middle name (if applicable) | Surname |
| Residential address | | <div>8 Digit Customer No. (if applicable)</div> <div>Specimen signature</div> <div>Please sign within the box</div> |
| Date of Birth / / | Is the signatory known by any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No ► If 'YES', provide name(s) | |
| Office held | WBC IDV. (Bank Use) | |

| | | |
|----------------------|--|---|
| Given name | Middle name (if applicable) | Surname |
| Residential address | | <div>8 Digit Customer No. (if applicable)</div> <div>Specimen signature</div> <div>Please sign within the box</div> |
| Date of Birth / / | Is the signatory known by any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No ► If 'YES', provide name(s) | |
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|----------------------|--|---|
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| Date of Birth / / | Is the signatory known by any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No ► If 'YES', provide name(s) | |
| Office held | WBC IDV. (Bank Use) | |

NB: only sign this form if the Customer has its own delegate(s) who are authorised to nominate signatory/ies on the Customer's bank accounts. If applicable, a copy of the delegation will require to be provided with this signed form.

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.

Execution

The

(insert official designation of person(s) properly authorised to appoint the Customer's Persons Authorised) confirms that all authorisations required for the Persons Authorised to act in accordance with the terms of the notice of authority that this form forms part of are held.

This authority is signed for and on behalf: (insert Customer's name)

by (signature)

Given name

Surname

Official designation

Date

by (signature)

Given name

Surname

Official designation

Date

Bank Use Only

Received by

Date

Authorised by

Date