



Annexure 'A' to Westpac Institutional Bank Notice of Authority - Company or other Organisation.

Before this form is completed, please read the section titled 'Privacy Statement' on page 2 of the 'Notice of Authority - Company or other Organisation'.

Consisting of page(s) (insert number of pages if more than one form is required)

Customer name (provide the full name of business proprietors or organisation (company, partnership, society, club or association) and ABN, if applicable)



Date

Annexure Details of Persons Authorised.



I, the person authorised below, agree to the Privacy Statement starting on page 2 of the 'Notice of Authority - Company or other Organisation'.

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		 8 Digit Customer No. (if applicable) Specimen signature 
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)	

Please sign within the box


Given name	Middle name (if applicable)	Surname
Residential address		 8 Digit Customer No. (if applicable) Specimen signature 
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)	

Please sign within the box

Annexure Details of Persons Authorised continued.

Given name	Middle name (if applicable)	Surname	
Residential address		 8 Digit Customer No. (if applicable)	
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)		Specimen signature
Office held	WBC IDV. (Bank Use)		

Please sign within the box

Given name	Middle name (if applicable)	Surname	
Residential address		 8 Digit Customer No. (if applicable)	
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)		Specimen signature
Office held	WBC IDV. (Bank Use)		

Please sign within the box

IMPORTANT: Ensure that if there is a requirement to use this Annexure, that it is attached to the Notice of Authority when it is returned to the Bank.