

Annexure 'A' to Westpac Institutional Bank Notice of Authority – Government

Before this form is completed, please read the section titled 'Privacy Statement' on page 1 of the 'Notice of Authority – Government'

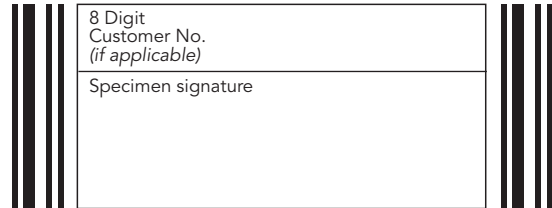
Consisting of page(s) *(insert number of pages if more than one page is required)*

Date / / Customer name

Annexure Details of Persons Authorised

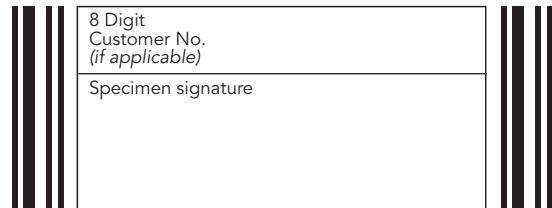
I, the person authorised below, agree to the Privacy Consent of the Person Authorised on page 1 of the 'Notice of Authority – Government'.

Given name	Middle name <i>(if applicable)</i>	Surname
Residential address <i>(optional)</i>		
Date of Birth <i>(optional)</i>	Is the signatory known by any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No ► If 'YES', provide name(s)	<div style="border: 1px solid black; padding: 5px;">8 Digit Customer No. <i>(if applicable)</i></div> <div style="border: 1px solid black; padding: 5px;">Specimen signature</div>
Office held	WBC IDV. (Bank Use)	



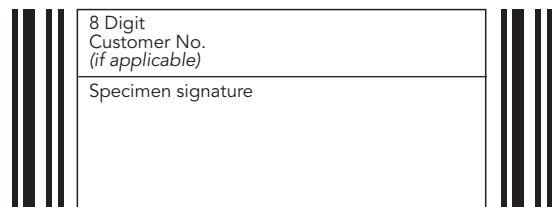
Please sign within the box

Given name	Middle name <i>(if applicable)</i>	Surname
Residential address <i>(optional)</i>		
Date of Birth <i>(optional)</i>	Is the signatory known by any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No ► If 'YES', provide name(s)	<div style="border: 1px solid black; padding: 5px;">8 Digit Customer No. <i>(if applicable)</i></div> <div style="border: 1px solid black; padding: 5px;">Specimen signature</div>
Office held	WBC IDV. (Bank Use)	



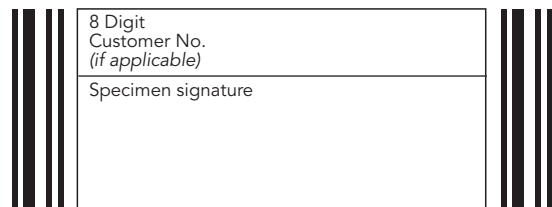
Please sign within the box

Given name	Middle name <i>(if applicable)</i>	Surname
Residential address <i>(optional)</i>		
Date of Birth <i>(optional)</i>	Is the signatory known by any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No ► If 'YES', provide name(s)	<div style="border: 1px solid black; padding: 5px;">8 Digit Customer No. <i>(if applicable)</i></div> <div style="border: 1px solid black; padding: 5px;">Specimen signature</div>
Office held	WBC IDV. (Bank Use)	



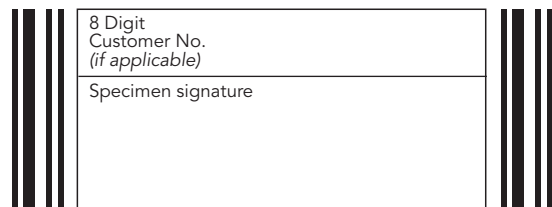
Please sign within the box

Given name	Middle name <i>(if applicable)</i>	Surname
Residential address <i>(optional)</i>		
Date of Birth <i>(optional)</i>	Is the signatory known by any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No ► If 'YES', provide name(s)	<div style="border: 1px solid black; padding: 5px;">8 Digit Customer No. <i>(if applicable)</i></div> <div style="border: 1px solid black; padding: 5px;">Specimen signature</div>
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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.