



Annexure 'A' to Westpac Institutional Bank Notice of Authority Admendment to a Company or Other Organisation's Persons Authorised.

Before this form is completed, please read the section titled 'Privacy Statement' on page 2 of the 'Notice of Authority Amendment to a Company or Other Organisation's Persons Authorised'.

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 additional Persons Authorised.

I, the person authorised below, agree to the Privacy Statement starting on page 2 of the 'Notice of Authority re Addition to an Organisation's 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.

Add	<input type="checkbox"/>	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

Add	<input type="checkbox"/>	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

Annexure Details of Persons Authorised continued.

Delete	<input type="checkbox"/>	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 (if available)
		Office held	WBC IDV. (Bank Use)	

Please sign within the box

Delete	<input type="checkbox"/>	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 (if available)
		Office held	WBC IDV. (Bank Use)	

Please sign within the box

IMPORTANT: Please ensure that this Annexure A is attached to the 'Westpac Institutional Bank Notice of Authority Amendment to a Company or Other Organisation's Persons Authorised'.