

Commercial Cards - Authorised Signatory/Verifying Officer Nomination Deletion Form

Complete this form to nominate a person(s) to be an Authorised Signatory and/or Verifying Officer for your Corporate, Purchasing and Employee Benefits Card facility.

Each nominated person must read the Roles and Responsibilities for Authorised Signatories and Verifying Officers prior to completing this form.

Section 1 – Organisation Details

Organisation name

Facility Number

ABN/ACN Number

Section 2 – Authorised Signatory Required To Act On The Facility

Please nominate the number of Authorised Signatories required to act on the facility

1 Authorised Signature

2 Authorised Signatories

Section 3 – Authorised Signatory/Verifying Officer Details

An Authorised Signatory/Verifying Officer must be fully identified, as per the identification and verification (IDV) standards for an individual, by the Bank before acting as an Authorised Signatory and/or Verifying Officer

Please tick (✓) the appropriate nomination for each person.

Nomination 1	
<input type="checkbox"/> Authorised Signatory	<input type="checkbox"/> Verifying Officer
<input type="checkbox"/> Add	<input type="checkbox"/> Delete
Full Name <input type="text"/>	
Other names known by (if any) <input type="text"/>	
Position <input type="text"/>	
Residential Address <input type="text"/>	
Email <input type="text"/>	Mobile <input type="text"/>
Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	Signature <input type="text"/> X

Nomination 2	
<input type="checkbox"/> Authorised Signatory	<input type="checkbox"/> Verifying Officer
<input type="checkbox"/> Add	<input type="checkbox"/> Delete
Full Name <input type="text"/>	
Other names known by (if any) <input type="text"/>	
Position <input type="text"/>	
Residential Address <input type="text"/>	
Email <input type="text"/>	Mobile <input type="text"/>
Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	Signature <input type="text"/> X

Note: To nominate additional Authorised Signatory (ies)/Verifying Officer(s) please use the Annexure to Authorised Signatory/Verifying Officer Nomination

Section 2 – Authorised Signatory/Verifying Officer Details (Continued)

Please tick (✓) the applicable nomination for each person

Nomination 3

Authorised Signatory Verifying Officer
 Add Delete

Full Name

Other names known by (if any)

Position

Residential Address

Email

Mobile

Date of Birth

Signature

Nomination 4

Authorised Signatory Verifying Officer
 Add Delete

Full Name

Other names known by (if any)

Position

Residential Address

Email

Mobile

Date of Birth

Signature

Note: To nominate additional Authorised Signatory (ies)/Verifying Officer(s) please use the Annexure to Authorised Signatory/Verifying Officer Nomination

Section 4 – Agreements

Each Authorised Signatory/Verifying Officer acknowledges that the personal information about him or her collected in Section 3 (including any continuation of section 3 in an annexure to this form) is required to satisfy identification requirements under the AML Law and may be exchanged with other members of the Westpac Group.

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

- they are authorised to sign this nomination form on behalf of the organisation; and
- the organisation must advise Westpac as soon as practicable should a nomination be revoked;

Both the Authorised Signatory and the Verifying Officers, by signing this form, confirm and agree that

- the Authorised Signatory/Verifying Officer nominated must be fully identified by Westpac (and not by another Verifying Officer) for the purposes of this nomination before acting as an Authorised Signatory/Verifying Officer and that Westpac may decline to accept a nomination for reasons associated with its obligations under 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.

(If signed on behalf of an Australia company this form may be signed by 2 directors or a director and secretary. In all other cases evidence of authority to sign must be made available to Westpac if not already held).

Authorised Representative 1

Full Name

Position

Date

Signature

Authorised Representative 2

Full Name

Position

Date

Signature

Organisation IDV

Authorised Signatory/Verifying Officer's Full Name	IDV Number	CIS Key
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Westpac Representative Name

Salary no.

BSB

Signature

Date