

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

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

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

Date / / Organisation 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 – Commonwealth Government'.

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