



Annexure ‘A’ to Westpac Institutional Bank Notice of Authority – Commonwealth Government.

Before this form is completed, please read the section titled ‘Privacy Statement’.

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

Date

/

/

Organisation name

Annexure Details of 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.

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

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.

Privacy Statement (for individuals whose personal information may be collected – in this clause referred to as “you”)

All personal information and credit-related information (if applicable) we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at westpac.com.au/privacy/privacy-statement or by calling us through your relationship manager or Westpac representative. Our Privacy Statement also provides information about how you can access and correct your personal information, and make a complaint. You do not have to provide us with any personal information or credit information (if applicable) but, if you don't, we may not be able to process an application or a request for a product or service.

Where individuals engage with us in relation to products and services for our business, corporate or institutional customers (for example, as representative, administrator, director, corporate officer, signatory, beneficiary or shareholder of one of our customers) our Privacy Statement will be relevant to those individuals where we collect and handle their personal information. For example, where we collect their personal information to verify their identity or collect their signature as a signatory on a corporate account.