

Annexure 'A' to Westpac Institutional Bank Notice of Authority – Commonwealth Government Amendments to the Organisation's Persons Authorised

Before this form is completed, please read the section titled 'Privacy Statement' on page 2 of the 'Notice of Authority – Commonwealth Government Amendments to the Organisation's Persons Authorised'

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

Date / / Customer name

Annexure Details of additional Persons Authorised

I, the person authorised below, agree to the Privacy Consent of the Person Authorised on page 1 of the 'Westpac Institutional Bank Notice of Authority – Commonwealth Government Amendments to the Organisation's Persons Authorised'.

Add	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>				
	<input type="text"/>	<input type="checkbox"/>	Is the signatory known by any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No ► If 'YES', provide name(s)		
	<input type="text"/>	<input type="text"/>	WBC IDV. (Bank Use)		
		Please sign within the box			
Add	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>				
	<input type="text"/>	<input type="checkbox"/>	Is the signatory known by any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No ► If 'YES', provide name(s)		
	<input type="text"/>	<input type="text"/>	WBC IDV. (Bank Use)		
		Please sign within the box			
Delete	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>				
	<input type="text"/>	<input type="checkbox"/>	Is the signatory known by any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No ► If 'YES', provide name(s)		
	<input type="text"/>	<input type="text"/>	WBC IDV. (Bank Use)		
		Please sign within the box			
Delete	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>				
	<input type="text"/>	<input type="checkbox"/>	Is the signatory known by any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No ► If 'YES', provide name(s)		
	<input type="text"/>	<input type="text"/>	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.