

# Westpac Institutional Bank Company or other Organisation Account Opening – Corporate.

To be used for companies, societies, clubs and other organisations.

- Complete Organisation Details for a new customer or if an existing organisation's details need to be updated
- Note: A separate Authority must be completed – if an Authority is not held and/or if there is a change to the method of operation from your existing account(s)

## 1. Organisation Details.

Existing Customer No <input type="checkbox"/> Yes <input type="checkbox"/>	BSB/Account Number/Customer Number <input type="text"/>	Country (if not Australia) <input type="text"/>
Company Name (as registered by ASIC)/Organisation Name <input type="text"/>	ACN or ARBN <input type="text"/>	Type of Organisation (e.g. company, Australian government, trust, Association, Foreign Company, Partnership) <input type="text"/>
Registered Business Address (PO Box is not acceptable) <input type="text"/> Postcode <input type="text"/>	Type of Business <input type="text"/>	Phone Number ( <input type="text"/> ) <input type="text"/>
Mailing Name <input type="text"/>	Fax Number ( <input type="text"/> ) <input type="text"/>	Email Address <input type="text"/>
Mailing Address (if different from business address) <input type="text"/> Postcode <input type="text"/>	If Non Resident, deduct Withholding Tax? No <input type="checkbox"/> Yes <input type="checkbox"/> (Tick (✓) No if exemption certificate held)	
Address of the Principal Place of Business, Administration or Operations (if any) (PO Box is not acceptable) <input type="text"/> Postcode <input type="text"/>		

## 2. Type of Account Required.

Please specify preferred Branch/State or BSB

Products	<input type="checkbox"/> Corporate Cheque Account	<input type="checkbox"/> Corporate Cheque Account	<input type="checkbox"/> Corporate Investment Account	<input type="checkbox"/> Setoff	<input type="checkbox"/> Corporate Evergreen Account
Options	Interest Bearing	No interest paid on this account type	An at call investment account	Subject to approval and additional documentation <input type="checkbox"/> Cheque access <input type="checkbox"/> No cheque access	<input type="checkbox"/> 31 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> 45 Days <input type="checkbox"/> 189 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 371 Days

Account Designator (optional)

Alternate account for fees, taxes and duties (mandatory for Corporate Evergreen Account)

BSB no. <input type="text"/>	Account no. <input type="text"/>
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Alternate Account for Interest (if required)

BSB no. <input type="text"/>	Account no. <input type="text"/>
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Cheque Book Details (N/A for Corporate Evergreen Account)

Size	<input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 200
Crossed Not negotiable	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quantity	<input type="text"/>

Deposit Book Details (N/A for Corporate Evergreen Account)

Size	<input type="checkbox"/> 50
Summary Slips	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quantity	<input type="text"/>

Cheque/Deposit Book Name

Other Details

### 3. Number of Signatures to Operate.

Number of signatures required to operate on the account

Are instructions by facsimile or email required?

- No  ➤ Go to **Section 4**  
 Yes  ➤ Please complete the Facsimile/Email Indemnity Authority and Indemnity form then go to **Section 4**

### 4. Trust Details.

**i** Statutory trust account (e.g. Solicitors or Real Estate Agents Trust Account regulated by legislation)

No  ➤ Go to **Question ii**  
 Yes

If **Yes**, give alternate BSB and account number for fees, taxes and duties

BSB no.  Account no.

➤ Go to **Section 5**

**ii** Is the account held in trust?

No  ➤ Go to **Section 5**  
 Yes

**iii** If **Yes**, is the account held by an exempt superannuation fund, the Commonwealth, a State, a Territory, a public authority or a local government body?

No   
 Yes  ➤ Go to **Section 5**

If **No**, give the full name and address of each trustee or the Business name of the trustee (if any)

Name	Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**iv** Are the beneficiaries of the trust referred to as a group?

No  ➤ Go to **Section 5**  
 Yes

If **Yes**, give the name of the group If **No**, list the full name of all beneficiaries.

**5. Acknowledgment and Agreement.**

The organisation acknowledges and agrees or I/we on behalf of the organisation acknowledge and agree:

- to having read the terms and conditions located at [https://www.westpac.com.au/docs/pdf/cb/FSR\\_CorpTransAccPDS1.pdf](https://www.westpac.com.au/docs/pdf/cb/FSR_CorpTransAccPDS1.pdf) that apply to this account and to be bound by those terms and conditions which apply from time to time to this account;
- that unless the organisation or I/we on behalf of the organisation has/have notified the Bank that the organisation or I/we and/or any Controlling Person (as defined in those terms and conditions) are a US citizen or US tax resident (as specified in those terms and conditions), agreement to be bound by those terms and conditions constitutes certification that the organisation or I/we and/or any Controlling Person are not a US citizen or US tax resident; and
- to having received a copy of the fees and charges that apply to this account,

and that:

- the Bank may charge to this or any other account(s) the organisation may conduct with the Bank or recover from the organisation any Bank fees, government charges, taxes or duties imposed on transactions on/or which relate to the organisation’s account(s); and
- documents presented for identification purposes may be verified by the Bank with an appropriate authority.

I/We believe the details on the pages of this form to be true and correct.

Sign for and on behalf of: (insert organisation’s name)

By (Signature)

Given Name

Surname

Official Designation (eg. Director, Company Secretary or equivalent)

By (Signature)

Given Name

Surname

Official Designation (eg. Director, Company Secretary or equivalent)

**Note:** execute using the following section where signing under a power of attorney

Signed for (name of company or other organisation)

By its attorney(s) under the authority of a power of attorney dated

Sign Here

Sign Here

I have no notice of the revocation of the power of attorney

I have no notice of the revocation of the power of attorney

Given Name

Surname

Given Name

Surname

**\*Note:** Westpac reserves the right to call for further evidence of authority to sign, including by requesting a copy of the power of attorney where signing is via this method.

**Note:** It is an offence under the *Anti-Money Laundering and Counter-Terrorism Act (2006)* to give false or misleading information or documents.

**Bank Use Only**

BSB Number

Account Number

Relationship  
Management Type

Special Condition Group

Account Classification

Statement Cycle

Next Statement Date

Manager Number

Have all account authorities been completed? Yes  No

Have all account signatories been identified? Yes  No

If 'No', any cheque books ordered must be returned to the branch for collection. These must be held until all relevant account authorities are provided and/or signatory identification requirements have been completed.

I certify that the procedures to open this account have been complied with.

**Application form completed by:**

Name

Salary Number

Date

Signature

## Declaration of Tax File Number

### Quotation of Tax File Number or Exemption - Destroy after input.

You are not obliged to provide your tax file number, but if you do not provide it, we are required to deduct tax from your distribution at the highest marginal rate to meet Australian Taxation requirements, unless you claim an exemption or provide your ABN (Australian Business Number). For more information about Tax File Number and Australian Business Number rules, contact your local Australian Taxation Office.

**Note:** An Australian Business Number may only be provided for a business use account.

1	<input type="text"/>	<input type="text"/>
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