

BusinessChoice Facility Closure Request Form

Please input required information onto this form, print, & sign. Once this form has been completed, please email the form to : commercialcards@westpac.com.au or fax to (02) 9374-7003. This form may be emailed directly by a customer.

Company/Business Name	Facility number
<input type="text"/>	<input type="text"/>

ABN	ACN	and/or ABRN
<input type="text"/>	<input type="text"/>	<input type="text"/>

Complete this form if you want to close your BusinessChoice facility. Please tick (✓) the box below and complete section 2. Westpac will then close the company/facility listed above and any remaining open cards.

Please note: that in accordance with the terms and conditions, it is your responsibility to ensure that all cards attached to the facility are destroyed and any existing direct debits are cancelled.

Close the above BusinessChoice facility and all of the cards attached to this facility

Joint & Several Liability – The Principal and all proprietors of the Principal (including shareholders etc) are liable to the Bank jointly and severally for all amounts under the facility, even after termination. This means each proprietor may be liable for the whole outstanding amount even if they do not benefit equally under the facility.

2. Authorisation

This Authorisation must be completed by the following people for the appropriate business type:

- Company (Including any company acting as a trustee) – Sole Directors or 2 Directors or 1 Director and 1 company Secretary
- Partnership – 2 Partners
- Sole Trader – the Sole Trader
- Trust with non-corporate trustee/s – Trustee/s
- Other – Authorised signatory/ies as Principal/s

This form must be signed in accordance with the current authorisation held by Westpac. Westpac will not act on these instructions unless the signatories who sign this form are authorised to do so under the current authorisation and in the manner stated in the authorisation.

By Authorised signatory/Principal 1 (print name)	By Authorised signatory/Principal 2 (print name)
<input type="text"/>	<input type="text"/>

Principal 1 Signature	Date	Principal 2 Signature	Date
<input type="text" value="X"/>	<input type="text" value="/ /"/>	<input type="text" value="X"/>	<input type="text" value="/ /"/>

Westpac Use Only

Westpac representative has verified signature(s) and that the form is signed in terms of authority held. Complete details below.

OR

Where this form has not been signed in Section 2, tick (✓) the box to confirm that written authorisation (email/letter/fax) has been obtained and signature(s) have been verified.

Westpac Representative's name	Contact Fax number
<input type="text"/>	<input type="text" value="()"/>

Signature	Date
<input type="text" value="X"/>	<input type="text" value="/ /"/>



Email	Salary Number
<input type="text"/>	<input type="text"/>