

Account Opening Form – Government

- Before you complete this form, please read the section titled 'Privacy Consent and Customer Acknowledgment' on page 2 of this form
- 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

1 Organisation Details

| | | |
|--|--|--|
| Existing customer No <input type="checkbox"/> Yes <input type="checkbox"/> | BSB & Account or Customer no. <input type="text"/> | Mailing address (if different from business address) <i>GPO Box 00</i> |
| Organisation name <i>Department of Health</i> | | <i>Sydney</i> Postcode <i>2000</i> |
| ABN <i>1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1</i> | | Type of organisation (eg Government Department, Agency, Statutory Authority) <i>Government Department</i> |
| Business address <i>1 Macquarie St</i> <i>Sydney</i> Postcode <i>2000</i> | Business classification <i>Office Use</i> | No. of employees <input type="text"/> |
| Mailing name <input type="text"/> | Phone number <i>(02) 2222 2222</i> | Fax number <i>(02) 2222 2222</i> |
| | If Non Resident, deduct Withholding Tax? (Tick (✓) No if exemption certificate held) No <input type="checkbox"/> Yes <input type="checkbox"/> | |

2 Type of Account Required

| Products | <input checked="" type="checkbox"/> Corporate Cheque Account | <input type="checkbox"/> Corporate Cheque Account | <input type="checkbox"/> Cash Management | <input type="checkbox"/> Setoff | <input type="checkbox"/> Other |
|----------|--|---|--|---|--------------------------------|
| Options | | No interest paid on this account type | | Subject to approval and additional documentation <input type="checkbox"/> Cheque access <input type="checkbox"/> No cheque access | Please specify |

| | |
|---|---|
| Account designator (optional – refer to guidelines) <i>eg Fee Account</i> | Alternate account for fees, taxes and duties (if required) BSB no. : : : : : Account no. : : : : : |
| Cheque book details 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 Size <input type="checkbox"/> 50 Summary Slips <input type="checkbox"/> Yes <input type="checkbox"/> No Quantity <input type="text"/> |
| Cheque/Deposit book name <i>Department of Health – Fee Account</i> | |
| Other details <input type="text"/> | |

Declaration of Tax File Number

Quotation of Tax File Number or Exemption – Detach and destroy after input

Quoting this number is not compulsory, but tax may be taken out of interest if you do not quote your number or your exemption. For more information about Tax File Number rules, contact your local Taxation Office.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | : | : | : | : | : | : | : |
| 2 | : | : | : | : | : | : | : |

3 Number of Signatures to Operate

Number of signatures required to operate on the account

Are instructions by facsimile required? No Go to **Section 4**
 Yes Please complete the Facsimile Instructions:
 Authority and Indemnity – Government form

4 Trust Details

i Statutory trust account (eg 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 name and address of each trustee

| Name | Address |
|------|---------|
| | |
| | |
| | |

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.

5 Privacy Consent and Customer Acknowledgment

I/We agree that the Bank and any other member of the Westpac Group (the 'Parties') may exchange with each other any information about me/us including:

- any information provided by me/us in this document;
- any other personal information I/we provide to any of them or which they otherwise lawfully obtain about me/us; and
- transaction details or transaction history arising out of my/our arrangements with the Bank.

If the Parties engage anyone (a 'Service Provider') to do something on their behalf (for example a mailing house or a data processor) then I/we agree that any of the Parties and the Service Provider may exchange with each other any information referred to above.

The Bank might give any information referred to above to entities other than the Parties and the Service Providers where it is required or allowed by law or where I/we have otherwise consented.

I/We agree that any information referred to above can be used by the Parties and any Service Provider to open the account I/we have requested and for account administration, planning, product development and research purposes.

I/We understand that I/we can access most personal information that the Parties hold about me/us (sometimes there will be a reason why that is not possible, in which case I/we will be told why).

I/We understand that if I/we fail to provide any information requested in this form, or do not agree to any of the possible exchanges or uses detailed above, my/our request may not be accepted by the Bank.

To find out what sort of personal information the Parties have about you, or to make a request for access, please contact your Customer Manager or the Transactional Solutions Team on 1800 150 140.

The Westpac Group means Westpac Banking Corporation and its related bodies corporate which include Westpac General Insurance Limited and Westpac Financial Services Limited.

I/We agree:

- to be bound by the terms and conditions which apply from time to time to this account opened by me/us with the Bank;
- the Bank may charge to this or any other account(s) I/we may conduct with the Bank or recover from me/us any bank fees, government charges, taxes or duties imposed on transactions on/or which relate to my/our account(s); and
- that documents presented for identification purposes may be verified by the Bank with an appropriate authority.

I/We acknowledge that I/we have received a copy of:

- the terms and conditions that apply to this account; and
- the fees and charges that apply to this account.

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

NOTE: It is an offence under the Financial Transaction Reports Act, 1988 to make a false or misleading statement.

Signed for and on behalf of: Organisation name

by: Name of representative

Title (eg Departmental Head, Chief Executive Officer)

Signature

and: Name of representative

Title (eg Chief Financial Officer)

Signature

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