

Date			
	/	/	

Account Opening Form – ACT Territory Authority use only

- 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. Customer Details					
Existing Customer BSB & Account or Customer no.		ABN			
No Yes D					
Customer's Name		Type of o	rganisation (e.g. Go	vornment Den	artmont Agonov
			Authority)	vernment Dep	artifierit, Agency,
		Territory Authority			
Business Address (cannot be a PO Box)					
Postcode					
Mailing Name		Phone Nu	ımber	Fax Numbe	r
		()		()	
Mailing Address (if different from business address)				
		If Non-Resi	dent, deduct Withhold	ling Tax?	
Postcode			o if exemption certifica		lo 🔲 Yes 🔲
2. Type of Account Required					
Branch					
			_		I
Products Corporate Cheque Account Cheque Account	Cash Mana	gement	Setoff		Other
Options No interest paid on		gement	Subject to approval a	and additional	Please specify
this account type			documentation		. ,
			Cheque access No cheque acces	S	
Account designator (optional)	Alternate	BSB num	ber	Account nur	mber
account for fees, taxes					
	and duties (if required)				
Cheque book details					
Size 50 100 200 1		Size		30 50]
Crossed Not Negotiable No Yes		Summary	Slips	No Yes	
Quantity		Quantity	•	7.0 103 L	_

2. 1	ype of Account Required (continued)		
Chec	que/Deposit book name		
Othe	er details		
3. N	lumber of Signatures to Operate		
	ber of signatures required to operate on the account		
4.1	rust Details		
i	Statutory trust account (e.g. Solicitors or Real Estate Agents Trust Account regulat	ed by legislation)	No Go to Question ii
	If Yes , give alternate BSB and account number for fees, tax	es and duties	
	BSB no. Account no.		
	Go	to Acknowledgement and	Agreement section.
ii	Is the account held in trust?		No 🗆
			Yes
iii	If Yes , is the account held by an exempt superannuation fur the Commonwealth, a State, a Territory, a public authority of a local government body?		No U
	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 L
	If Yes, give the name of the group		Yes L

5. Acknowledgement and Agreement

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

- of being aware of the terms and conditions which apply to this account and to be bound by those terms and conditions which apply from time to time to this account;
- that Westpac may charge to this or any other account(s) the Customer may conduct with Westpac or recover from the Customer any bank fees, government charges, taxes or duties imposed on transactions on/or which relate to the Customer's account(s); and
- that documents presented for identification purposes may be verified by Westpac with an appropriate authority.

Please note: the terms and conditions applicable to this account will be as contained in the ACT Government's banking agreement with Westpac.

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

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

Signed for and on behalf of the Customer:

By (signature)		By (signature)				
X		X				
Given name	Surname	Given name	Surname			
Official designation		Official designation				
Dated		Dated				
6. Declaration of Australian	Business Number or Tax Ex	emption Code				
You are not obliged to provide yeither, we are required to deduct requirements.						
ABN (11 digits) or Tax Exemption	Code (9 Digits)					
Bank Use Only						
BSB Number	Account Number	Relationship Management Type	Special Condition Group			
Account Classification	ccount Classification Statement Cycle		Manager Number			
Have all account authorities been		If 'No', any cheque books ordered branch for collection. These must account authorities are provided requirements have been complete.	st be held until all relevant I and/or signatory identification			
I certify that the procedures to o	pen this account have been co					
Application form completed by:	:					
Name	Salary number	Date Signatu	ire.			
		2 ato 5.g. ato				