

ACT Territory Authority use only

Annexure "A" to Notice of Authority – ACT Territory Authority

Before this form is completed, please read the section titled 'Privacy Statement' on page 1 of the 'Notice of Authority – ACT Territory Authority'

Consisting of page(s)

Date

/ /

I, the person authorised below, agree to the 'Privacy Statement' on page 1 of the Notice of Authority – ACT Territory Authority.

Annexure Details of Persons Authorised

Given name	Middle name (if applicable)	Surname		
Residential address (optional)		<table border="1"> <tr> <td>8 Digit Customer No. (if applicable)</td> </tr> <tr> <td>Specimen signature</td> </tr> </table>	8 Digit Customer No. (if applicable)	Specimen signature
8 Digit Customer No. (if applicable)				
Specimen signature				
Date of Birth (optional)	Is the signatory known by any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No ► If 'YES', provide name(s)			
Office held	WBC IDV. (Bank Use)			

Please sign within the box

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PLEASE 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.