



Notification of Changes to a Customer's Persons Authorised [ACT Territory Authority use only – NOT to be used for a specific account authority]

Date

/ /

Before this form is completed, please read the section titled 'Privacy Statement'.

This form amends the Notice of Authority applying to:

(insert Customer's name i.e. Territory Authority's name)

Authorisation to the Bank.

Authorisation was given to:

- add the person(s) whose name(s) and specimen signature(s) appear in the section **"Details of Persons Authorised"** to: and/or
- delete the person(s) whose name(s) appear in the section **"Details of Persons Authorised"** from, the Customer's existing Notice of Authority as Persons Authorised and, for those person(s) added as Persons Authorised, to act in the name of and on behalf of the Customer, in accordance with the terms in the Customer's existing Notice of Authority in respect to all the Customer's accounts, except those accounts for which you are given a separate authority.

This authority will continue until the Bank receives written notice in a form satisfactory to the Bank of its cancellation in accordance with the terms of the Customer's existing Notice of Authority.

In this authority:

- account includes a term or other deposit
- 'Customer' has the same meaning as in the existing Notice of Authority

Privacy Statement (for individuals whose personal information may be collected – in this clause referred to as "you").

All personal information and credit-related information (if applicable) we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at westpac.com.au/privacy/privacy-statement or by calling us through your relationship manager or Westpac representative. Our Privacy Statement also provides information about how you can access and correct your personal information, and make a complaint. You do not have to provide us with any personal information or credit information (if applicable) but, if you don't, we may not be able to process an application or a request for a product or service.

Where individuals engage with us in relation to products and services for our business, corporate or institutional customers (for example, as representative, administrator, director, corporate officer, signatory, beneficiary or shareholder of one of our customers) our Privacy Statement will be relevant to those individuals where we collect and handle their personal information. For example, where we collect their personal information to verify their identity or collect their signature as a signatory on a corporate account.

Details of Persons Authorised.

The Persons Authorised, by signing this form, confirm and agree that:

- they must be fully identified by Westpac (and not by a Verifying Officer) for the purposes of this authority before acting under the authorisation and that Westpac may decide to accept or decline an authorisation for reasons associated with its obligations under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (the AML law) without being required to give reasons; and
- they are aware that it is an offence under the AML law to knowingly provide false or misleading information or knowingly produce a false or misleading document and that penalties for that offence can include imprisonment for up to 10 years.

Add	<input type="checkbox"/>	Given name	Middle name (if applicable)	Surname	<div>8 Digit Customer No.(if applicable)</div> <div>Specimen signature</div> <div>Please sign within the box</div>
		Residential address			
	Date of Birth / /	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)			
Add	<input type="checkbox"/>	Given name	Middle name (if applicable)	Surname	<div>8 Digit Customer No.(if applicable)</div> <div>Specimen signature</div> <div>Please sign within the box</div>
		Residential address			
	Date of Birth / /	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)			
Add	<input type="checkbox"/>	Given name	Middle name (if applicable)	Surname	<div>8 Digit Customer No.(if applicable)</div> <div>Specimen signature</div> <div>Please sign within the box</div>
		Residential address			
	Date of Birth / /	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)			
Add	<input type="checkbox"/>	Given name	Middle name (if applicable)	Surname	<div>8 Digit Customer No.(if applicable)</div> <div>Specimen signature</div> <div>Please sign within the box</div>
		Residential address			
	Date of Birth / /	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)			
Add	<input type="checkbox"/>	Given name	Middle name (if applicable)	Surname	<div>8 Digit Customer No.(if applicable)</div> <div>Specimen signature</div> <div>Please sign within the box</div>
		Residential address			
	Date of Birth / /	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)			

Details of Persons Authorised (continued).

Delete	<input type="checkbox"/>	Given name	Middle name (if applicable)	Surname
Delete	<input type="checkbox"/>	Given name	Middle name (if applicable)	Surname
Delete	<input type="checkbox"/>	Given name	Middle name (if applicable)	Surname

Execution.

The

(insert official designation of person(s) properly authorised to appoint and/or delete the Customer's Persons Authorised) confirm(s) that all authorisations required for the changes to the Customer's Persons Authorised are held.

This authority is signed for and on behalf of (insert name of Customer or organisation):

By (Signature)

X

Given name(s)

Surname

Official Designation

(eg. Director, Company Secretary or equivalent)

Date

/ /

By (Signature)

X

Given name(s)

Surname

Official Designation

(eg. Director, Company Secretary or equivalent)

Date

/ /

Note: It is an offence under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth) to knowingly provide false or misleading information or knowingly provide a false or misleading document.

Bank Use Only.

Received by

Date

/ /

Authorised by

Checked by

Certificate of Identification of Persons Authorised.

I certify that I am satisfied that all the person(s) authorised in this authority is/are authorised by (insert Customer's name)

to be a Signatory/s in respect of all of the Customer's accounts.

Signature of Verifying Officer	Given name(s) of Verifying Officer	Surname of Verifying Officer
<div>X</div>		

8 Digit Customer No.	WBC IDV. (Bank Use)

Bank Use Only.

Received by	Date	Authorised by	Date
	/ /		/ /