

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

**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 ie. 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.

### Personal information

In order to process this form for a product or service for the organisation of which you are a representative or signatory, or to provide or manage the provision of that product or service, we may collect personal information about you from you or that organisation. We may also use your personal information to comply with legislative or regulatory requirements in any jurisdiction, prevent fraud, crime or other activity that may cause harm in relation to our products or services and help us run our business.

If you do not provide all the information we request, we may need to reject this form or we may no longer be able to provide that product or service.

We may disclose your personal information to other members of the Westpac Group, anyone we engage to do something on our behalf, and other parties that assist us with our business.

We may disclose your personal information to an entity which is located outside Australia. Details of the countries where the overseas recipients are likely to be located are in our privacy policy.

As a provider of financial services, we have obligations to disclose some personal information to government agencies and regulators in Australia, and in some cases offshore. We are not able to ensure that foreign government agencies or regulators will comply with Australian privacy laws, although they may have their own privacy laws. By using our products or services, you consent to these disclosures.

We are required or authorised to collect personal information from you by certain laws. Details of these laws are in our privacy policy.

Our privacy policy is available at [westpac.com.au](http://westpac.com.au) or by calling 132 032. It covers:

- how you can access the personal information we hold about you and ask for it to be corrected;
- how you may complain about a breach of the Australian Privacy Principles or a registered privacy code and how we will deal with your complaint; and
- how we collect, hold, use and disclose your personal information in more detail.

We will update our privacy policy from time to time.

### Other acknowledgements and consents

We may confirm the details of the information provided in this form.

Where you have provided information about another individual, you must make them aware of that fact and the contents of the Privacy Statement.

### Definitions in this Privacy Statement

"We", "our", "us", means Westpac Banking Corporation ABN 33 007 457 141. "Westpac Group" means Westpac Banking Corporation and its related bodies corporate, from time to time.

## Details of Persons Authorised.

Provide the following details of the changes to Persons Authorised:

Add	<input type="checkbox"/>	Given name	Middle name (if applicable)	Surname
		Residential address (optional)		8 Digit Customer No.(if applicable)
		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)	Specimen signature
		Office held	WBC IDV.(Bank Use)	
		Please sign within the box		
Add	<input type="checkbox"/>	Given name	Middle name (if applicable)	Surname
		Residential address (optional)		8 Digit Customer No.(if applicable)
		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)	Specimen signature
		Office held	WBC IDV.(Bank Use)	
		Please sign within the box		
Add	<input type="checkbox"/>	Given name	Middle name (if applicable)	Surname
		Residential address (optional)		8 Digit Customer No.(if applicable)
		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)	Specimen signature
		Office held	WBC IDV.(Bank Use)	
		Please sign within the box		
Add	<input type="checkbox"/>	Given name	Middle name (if applicable)	Surname
		Residential address (optional)		8 Digit Customer No.(if applicable)
		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)	Specimen signature
		Office held	WBC IDV.(Bank Use)	
		Please sign within the box		
Add	<input type="checkbox"/>	Given name	Middle name (if applicable)	Surname
		Residential address (optional)		8 Digit Customer No.(if applicable)
		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)	Specimen signature
		Office held	WBC IDV.(Bank Use)	
		Please sign within the box		

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

Given name(s)  Surname

Official Designation (eg. Director, Company Secretary or equivalent)

By (Signature)

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.

**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
<input type="text" value="X"/>	<input type="text"/>	<input type="text"/>

8 Digit Customer No.	WBC IDV. (Bank Use)
<input type="text"/>	<input type="text"/>

**Bank Use Only.**

Received by	Date	Authorised by	Date
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text" value="/ /"/>