

AUTHORITY TO OPEN AND CASH CHEQUES

This form relates to the Cheque Cashing Authority held at Westpac _____.

For Account Name: _____.

BSB: _____ Account Number: _____

To: The Manager
Westpac Banking Corporation
Global Transactional Banking
Level 1, 275 Kent Street
Sydney NSW 2000

The change in those authorised to open and cash cheques on this bank account is hereby authorised and it is requested that the necessary arrangements be made to give effect to the alteration for the period:

From: _____ To: _____ OR Until Further Notice

DELETE WHERE APPLICABLE

This Authority:

*replaces all previous authorities to open and cash cheques.

*is in addition to all existing authorities to open and cash cheques

FULL NAME	POSITION	SPECIMEN SIGNATURE

Number of signatures required to open cheques _____

Certificate of Identification of Persons Authorised

I certify that I am satisfied that the above-mentioned IS/ARE authorised by _____
_____ (Name of Department) to be those authorised to open and cash
cheques in respect of this account.

Verifying Officer's Signature

Name

Title

Date

This Authority is signed for and on behalf of: _____

Signature/Name & Official Designation
Date: _____

Signature/Name & Official Designation
Date: _____

Privacy Consent of Person Authorised

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

- any information provided by me in this document;
 - any other personal information I provide to any of them or which they otherwise lawfully obtain about me;
- and

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 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 have otherwise consented.

I agree that any information referred to above can be used by the Parties and any Service Provider to allow me to act on the organisation's behalf and for account administration, planning, product development and research purposes.

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

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

I understand that I can find out what sort of personal information the Parties have about me, or make a request for access, by contacting my Customer Manager or the Transactional Solutions Team on 1800 150 140.

I understand that the Parties would like to be able to contact me, or send me information, regarding products and services. If I do not wish to receive this information, I can:

- call my Customer Manager
- write to you at GPO Box 3433, Sydney NSW 2001
- send an email to acctstats@westpac.com.au; or
- call the Transactional Solutions Team on 1800 150 140.

Westpac Group means Westpac Banking Corporation, also trading as Challenge Bank and Bank of Melbourne, and its related bodies corporate which include Westpac General Insurance Limited and Westpac Financial Services Limited.

In this Privacy Consent Section, I, me, my, we, our and similar words means the person authorised.