

# Westpac Institutional Bank Notice of Authority – Government Amendment to a Government Organisation’s Persons Authorised

Date  
/ /

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

## Customer Name

**FULL SCHOOL  
NAME TO BE  
PROVIDED**

(insert full name of Government organisation and ABN ~~if applicable~~) This should be the name of the account.

## Authorisation to the Bank

Pursuant to the  
**EDUCATION ACT 1990**

(insert name of organisation’s enabling legislation, delegation details or other document from where the power to delegate authority is derived)  
authorisation was given to the person(s) whose name(s) and specimen signature(s) appear in the section ‘Details of Persons Authorised’  
to be added to or deleted from the organisation’s existing Notice of Authority as amendments to persons authorised and, for those persons  
authorised to act on behalf of the organisation, in accordance with the terms in the

**BRANCH NUMBER (6 DIGITS) AND  
ACCOUNT NUMBER (6 DIGITS) OF  
SCHOOL TO BE PROVIDED**

(delete one of the following which is not applicable and initial)

- all the organisation’s accounts, **or**
- the following account(s) of the organisation (list account name(s) and numbers)

Account name	BSB	Account number

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 organisation’s existing Notice of Authority.

### In this authority:

- account includes a term or other deposit
- ‘organisation’ refers to the Government department, Agency, Statutory Authority, Commission or other Government instrumentality named above as the Customer.

### 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 amendments to persons authorised to act under the authorisation:

**PERSONAL  
DETAILS OF  
PERSON TO  
BE ADDED AS  
SIGNATORY  
ON SCHOOL  
ACCOUNT**

**SPECIMEN  
SIGNATURE OF  
PERSON TO BE  
ADDED AS  
SIGNATORY**

**A SIGNATORY WILL BE REQUIRED TO COMPLETE AN IDENTIFICATION CHECK AT THE BRANCH IF THERE IS NO VERIFYING OFFICER ESTABLISHED FOR THE SCHOOL.  
IF A VERIFYING OFFICER FORM HAS BEEN COMPLETED, THEN THE VERIFYING OFFICER CAN COMPLETE THE IDENTIFICATION CHECK OF THE NEW SIGNATORY AND SIGN ON THE BOTTOM OF PAGE 4.**

<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)	
	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)	
	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)	
	Office held	WBC IDV. (Bank Use)	
	Please sign within the box		

**Delete**

<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)	
	Office held	WBC IDV. (Bank Use)	
	Please sign within the box		

**COMPLETE SECTIONS BELOW THE LINE TO DELETE SIGNATORIES. AS WITH ADDING SIGNATORIES PLEASE PROVIDE ALL PERSONAL DETAILS AND SPECIMEN SIGNATURE**

**Delete**

<input type="checkbox"/>	Given name	Middle name (if applicable)	Surname
	Residential address (optional)		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)	
	Office held	WBC IDV. (Bank Use)	
	Please sign within the box		

**Delete**

<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)	
	Office held	WBC IDV. (Bank Use)	
	Please sign within the box		

- If more signatures are required, complete 'Annexure 'A' to Westpac Institutional Bank Notice of Authority – Government Amendment to a Government Organisation's Persons Authorised' form
- Attach 'Annexure 'A' to Westpac Institutional Bank Notice of Authority – Government Amendment to a Government Organisation's Persons Authorised' to this form once it has been completed with details of all amendment persons authorised

Is 'Annexure 'A' required? .....  Yes  No

**Authority Execution**

The   
(insert official designation of person(s) within the organisation properly authorised to sign on behalf of the organisation)  
confirms that all authorisations required for the amendment(s) to persons authorised to act in accordance with the organisation's policies and procedures have been obtained.  
This authority is signed for and on behalf of:  
Name of organisation

**SCHOOL PRINCIPAL OR RELIEVING/ ACTING PRINCIPAL TO SIGN HERE. THIS IS GIVING THE BANK AUTHORISATION TO ADD THE NOMINATED SIGNATORY/S ON THE PREVIOUS PAGE ABILITY TO OPERATE ON THE SCHOOL ACCOUNT.**

**PRINCIPAL**

By (Signature)  X  
Given name  Surname   
Official Designation (Authorised representative or delegate)

By (Signature)  X  
Given name  Surname   
Official Designation (Authorised representative or delegate)

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

**PRINCIPAL**

**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 organisation name)

to be a signatory/signatories in respect of: (delete one of the following which is not applicable and initial)

- all the organisation's accounts, **or**
- the specific account(s) of the organisation identified on page 1 of this authority.

Signature of Verifying Officer  X  
Given name  Surname   
8 Digit Customer No.  WBC IDV. (Bank U

**Please note:** Only complete this certificate if the organisation has previously identified a verifying officer to Westpac Customer Identification. If the organisation does not have an existing nominated and identified verifying officer and would like to nominate a new verifying officer, please complete the 'Verifying Officer Nomination Form'.

**IF A VERIFYING OFFICER HAS BEEN ESTABLISHED FOR THE SCHOOL - THEN THEY CAN SIGN HERE AS VERIFYING THE IDENTIFICATION OF THE NEW SIGNATORY/S TO BE ADDED. IF THERE IS NO VERIFYING OFFICER THEN THE SIGNATORY WILL NEED TO COMPLETE AN IDENTIFICATION CHECK AT THE CLOSEST BRANCH.**

**Bank Use Only**

Received by  Date  /  /   
Authorised by  Date  /  /