

## WIB Verifying Officer Nomination

Complete this form when nominating a person(s) to be a Verifying Officer for your organ OF NEW SIGNATORIES TO BE in respect of any account(s)/facility(ies) held by your organisation/subsidiary with Westpa

VERIFY THE IDENTIFICATION

ADDED TO A NOTICE OF AUTHORITY, WITHOUT THE NEED FOR THE SIGNATORIES

THIS FORM WILL ALLOW THE

VERIFYING OFFICER TO

TO COMPLETE AN ID CHECK AT THE BRANCH. THE

VERIFYING OFFICER WILL BE THE PRINCIPAL AT THE SCHOOL.

### **Organisation Details** Part A

Complete this section with your organisation details.

Note: If you are nominating a Verifying Officer for any subsidiary of your organisation, com subsidiary. The authorised representatives signing this form must be authorised to sign on B. Please refer to Part E in this respect.

Full name of organisation

ACN/ABN/ARBN/Foreign Registration Body Number

**FULL NAME OF** THE SCHOOL

Organisation	Type	(nlease	tick (	<b>/</b> )	one or	more	of the	following	as a	nnlicahl	മ).
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- 1. A public company within the meaning of the Corporations Act
- 2. A proprietary company within the meaning of the Corporations Act
- 3. A foreign company carrying on business in Australia within the meaning of the Corporations Act that is registered with ASIC as a foreign company and registered outside of Australia with a foreign registration body
- 4. A foreign public company incorporated outside of Australia in accordance with the requirements of the jurisdiction in which it is incorporated (must be registered outside of Australia with a foreign registration body)
- 5. An organisation that is a subsidiary of a public company within the meaning of the Corporations Act
- 6. A bank
- 7. A building society registered under State/Territory legislation in Australia
- 8. A credit union registered under State/Territory legislation in Australia
- 9. An incorporated association operating under State/Territory legislation in Australia
- 10. An unincorporated association that is a subsidiary of an incorporated association operating under State/Territory legislation
- 11. A regulated partnership and subject to membership of a professional association or where the regulation is governed by a State/Territory Act within Australia
- 12. A registered co-operative under State/Territory legislation in Australia
- 13. An Australian State/Territory or federal governmental or semi-governmental body
- **14.** A body corporate established under State/Territory legislation in Australia

TICK THIS OPTION

#### Part B **Nomination**

The organisation nominates the persons named in Part C, (including any continuation of Part C in an annexure to this form), severally, as Verifying Officers to identify agents (including account signatories) of the organisation (named in Part A and if applicable, its subsidiaries named in Annexure B) in accordance with the Anti-Money Laundering & Counter-Terrorism Financing Act and Rules made under it (the "AML Law").

Verifying Officers must collect:

- the full name of the signatory/agent,
- other names known by (if any) of the signatory/agent
- residential address of the signatory/agent
- date of birth of the signatory/agent
- the title of the position or role held by the signatory/agent with the organisation, and if applicable, each subsidiary
- a copy of the signature of the signatory/agent
- evidence of the signatory's/agent's authority to act on behalf of the organisation, and if applicable, each subsidiary

and will be required to certify this to Westpac using a form provided by Westpac.

## Part C Verifying Officer Details Each Verifying Officer(s) acknowledges that the personal information about him or her collected in Part C (including any continuation of Part C in an annexure to this form) is required to satisfy Westpac's identification requirements under the AML Law. If you do not provide all the information requested, Westpac may not be able to provide any product or service to the organisation. Westpac will use and disclose your personal information to other members of the THE NOMINATED VERIFYING something on its behalf, and other organisations that assist Westpac with its busine OFFICER (PRINCIPAL) NEEDS TO de of Australia and to government agencies and regulators, in some cases offshore. privacy policy, COMPLETE AN ID CHECK AT ANY available at westpac.com.au or by calling 132 032 (or from overseas Vestpac handles your personal information, how you can access the personal informa WESTPAC BRANCH. THEY WILL tion, how you may complain about a breach of the Australian Privacy Principles and BE ISSUED WITH AN 8 DIGIT Each Verifying Officer, by signing this form, confirms and agrees that CUSTOMER NUMBER (RETAIN AS REFERENCE). ONCE THE they accept the nomination as per Part B; NOMINATED VERIFYING they must be fully identified by Westpac (and not by another Ver before acting as a Verifying Officer and that Westpac may decline to accept a non OFFICER HAS BEEN IDENTIFIED s under the AML Law without being required to give reasons; AT THE BRANCH COMPLETE they are not, by this form, authorised to appoint signatories/ager THIS SECTION WITH THIER they are aware that it is an offence upder the AML Law to knowin wingly produce PERSONAL DETAILS AND a false or misleading document. Penalty: Imprisonment for 10 y SIGNATURE **Verifying Officer 1** Verifying Officer 2 Given name(s) Given name(s) Other names Other names known by known by (if any) (if any) Surname Surname Residential Residential address address Occupation/ Occupation/ Position/Role Position/Role Date of birth / / Date of birth / Signature X X Signature Tick (\( \sigma \)) this box if additional Verifying Officer details are included in an annexure to this form. Part D The Accounts/Facilities The accounts/facilities for which the persons are nominated as Verifying Officers are: Tick (✓) which are to apply All accounts/facilities conducted by the organisation (named in Part A) with Westpac at the date of this form or at any time in the future; All accounts/facilities conducted by any subsidiary, if applicable, (named in Annexure B) with Westpac at the date of this form or at any time in the future.

<sup>\*</sup> Westpac Group means Westpac Banking Corporation and its related bodies corporate.

### Part E Agreements

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

- they are authorised to sign this nomination form on behalf of the organisation (named in Part A), and if applicable, its subsidiaries (named in Annexure B);
- the organisation/each subsidiary must advise Westpac as soon as practicable should a nomination be revoked;
- each Verifying Officer nominated must be fully idaUTHORISED nomination before acting as a Verifying Officer REPRESENTATIVE MUST its obligations under the AML Law without being

SIGN I.E. CURRENT a Verifying Officer is not, by this form, authorise

SCHOOL PRINCIPAL OR a false or misleading document. Penalty:/Impris

(If signed on behalf of an Australian company this for SCHOOL PRINCIPAL evidence of authority to sign must be made available to Westpac if not already held by it.)

they are aware that it is an offence under the AN

er Verifying Officer) for the purposes of this a nomination for reasons associated with

leading information or knowingly produce

rector and a secretary. In all other cases

Authorised Representative 1							
Given name(s)							
Surname							
Position							
Signature	X						
Date	/ /						

Authorised Representative 2							
Given name(s)							
Surname							
Position							
Signature	X						
Date	/ /						

Bank Use Only	
Organisation IDV No.	

Verifying Officer's Full Name	IDV No.	CIS Key
1.		
2.		
3.		
4.		
5.		
6.		

Bank officer's name		Salary no.	
Branch/Department		BSB	
Signature	X	Date	/ /

## Annexure A to WIB Verifying Officer Nomination

X

Signature

		<u></u>	verify	<b>8</b> ©	1110			-			
Full name of orga	nisation	,									
Date of nomination / / PAG REQ					REQU	GES 4 AND 5 ARE NOT QUIRED TO BE MPLETED BY SCHOOLS					
Part C Det	tails of Ve	rifying Of	ficer (Conti	nued) A	AS YC	U CAN ONL	Y HAVE				
				V	/ERIF	YING OFFIC					
Verifying Office	er 3					Verifying Offic	er 4				
Given name(s)						Given name(s)					
Other names known by (if any)						Other names known by (if any)					
Surname						Surname					
Residential address						Residential address					
Occupation/ Position/Role						Occupation/ Position/Role					
Date of birth	/	/ /				Date of birth		/	/		
Signature	X					Signature	X				
V 16 - 06	_					V V 011					
Verifying Office	er 5					Verifying Offic	er 6				
Given name(s)						Given name(s)					
Other names known by (if any)						Other names known by (if any)					
Surname						Surname					
Residential address						Residential address					
Occupation/ Position/Role						Occupation/ Position/Role					
Date of birth	/	/ /				Date of birth		/	/		

X

Signature

# Annexure B to WIB Verifying Officer Nomination

Full name of organisation		DA050 4	ANDEADE	NOT	
Date of nomination	/ /	REQUIRE	AND 5 ARE ID TO BE TED BY SCH		
Full name of subsidiary		CAN ONLY H	3N/ARBN/Foreign Registration umber		

Provide another page for additional subsidiaries, if required

<sup>\*</sup> Insert relevant number from Part A