



Date

# Westpac Institutional Bank Notice of Authority

## Select the option for Notice of Authority:

To establish new/replace any current Notice of Authority:

- ☐ Nominate new signatory(ies) and account operating rule to one or more accounts.  
Complete Sections A, B, D, E and G.
- ☐ Copy existing account authority to one or more new accounts. Complete Sections A, C and G.

To amend existing Notice of Authority:

- ☐ Add and/or remove signatory(ies) and/or amend account operating rule to one or more accounts.  
Complete Sections A, B, D, E, F and G.

For joint account holders only:

- ☐ Each account holder will need to complete a separate "Westpac Institutional Bank Notice of Authority",  
and ensure the account operating rules are consistent. Complete relevant Sections.

## Section A Account Holder Name(s)

Account holder name – provide the full names of business proprietors, Government or organisations (company, society, club or association) and ABN, ACN or ARBN (if applicable).

Account holder

ABN, ACN or ARBN

## Section B Authority Changes

### Select (✓)

All accounts in the account holder's name:

- ☐ Add the authorised person(s) as signatory(ies)
- ☐ Remove the authorised person(s) as signatory(ies)
- ☐ Change the account operating rule

OR

Specific accounts listed below:

- ☐ Add the authorised person(s) as signatory(ies) to the specific account(s)
- ☐ Remove the authorised person(s) as signatory(ies) to the specific account(s)
- ☐ Change the account operating rule for the specific account(s)

BSB number	Account number	BSB number	Account number

**Section C Copy Existing Account Authority**

For the new account(s) below, apply the same list of authorised person(s) and the account operating rule that applies on the existing account at the time this request is actioned by the Bank.

**Existing Account.**

BSB number

Account number

**New Account(s).**

BSB number	Account number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

BSB number	Account number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Section D Account Operating Rule****Select (✓) one option.**

Mandatory for new account(s).

Apply the account operating rule for the account(s) in Section B.

☐ Any authorised person can operate and sign independently 'any (1) to sign'.

☐ At least  (2-9) authorised persons are required to operate and sign together.
**Section E Add – Details of Authorised Person(s)**

**Before completing, please read the section titled 'Privacy Statement'**

Provide the following details of persons authorised to act under the authorisation:

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.

Given name

Middle name (if applicable)

Surname

Residential address

Specimen signature.

Please sign within the box.

Date of birth

Is the signatory known by any other names?

☐ Yes ☐ No ☒ If 'yes', provide name(s)

Office held

Other names

8 digit customer number (if applicable)

**Section E Add – Details of Authorised Person(s) (continued)**

Given name

Middle name (if applicable)

Surname

Residential address

Specimen signature.  
Please sign within the box.


Date of birth

Is the signatory known by any other names?

☐☐

If 'yes', provide name(s)

Office held

Other names

8 digit customer number (if applicable)

Given name

Middle name (if applicable)

Surname

Residential address

Specimen signature.  
Please sign within the box.


Date of birth

Is the signatory known by any other names?

☐☐

If 'yes', provide name(s)

Office held

Other names

8 digit customer number (if applicable)

Given name

Middle name (if applicable)

Surname

Residential address

Specimen signature.  
Please sign within the box.


Date of birth

Is the signatory known by any other names?

☐☐

If 'yes', provide name(s)

Office held

Other names

8 digit customer number (if applicable)

If more signatures are required, complete additional page(s) of "Add – Details Of Authorised Person(s)"

**Section F      Remove – Details of Authorised Person(s)**

Provide all the details of **each** authorised person for whom the authority to operate and sign on behalf of the account holder is to be removed.

Given name	Middle name (if applicable)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
8 digit customer number (if applicable)		
<input type="text"/>		

Given name	Middle name (if applicable)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
8 digit customer number (if applicable)		
<input type="text"/>		

Given name	Middle name (if applicable)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
8 digit customer number (if applicable)		
<input type="text"/>		

Given name	Middle name (if applicable)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
8 digit customer number (if applicable)		
<input type="text"/>		

If additional persons are to be removed, complete additional page(s) of “Remove – Details of Authorised Person(s)”.

The authority of the persons authorised to sign or act in respect of the account(s) is hereby terminated except as regards any cheques or other instruments dated before the date of this notice and presented for payment after receipt by the Bank of this notice and as regards any act done by him/her in pursuance of the authority referred to in previous notices given to the Bank.

### **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/](https://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.

### **Foreign Tax Residency**

We are required under domestic and international laws to collect and report financial and account information relating to individuals and organisations who are, or may be, foreign tax residents. We may ask you whether you or any shareholder, beneficiary, settlor or controlling person are a foreign tax resident from time to time, such as when you open an account with us, or if your circumstances change. If you do not provide this information to us, we may be required to limit the services we provide to you e.g. in a form of account restrictions if you have not provided us with your foreign tax residency information 30 days after we have contacted you.

Unless you tell us otherwise, by completing any application, you certify that any shareholder, named beneficiary, settlor or controlling person is not a foreign tax resident. You must tell us if you, or any shareholder, named beneficiary, settlor or controlling person is, or becomes, a foreign tax resident (unless an exemption applies, such as for shareholders of listed companies). Where there are no named beneficiaries (for example for beneficiaries identified only as a class) you must tell us if a beneficiary is a foreign tax resident immediately when any decision is made to identify and make a distribution to them. You may contact us to provide foreign tax residence information by calling Foreign Tax Operations on 1300 725 863 or +61 2 9155 7580 for customers outside Australia. For more information you can also visit our page on Foreign Tax Residency: [westpac.com.au/foreigntaxresidency](https://westpac.com.au/foreigntaxresidency).

We cannot give tax advice, so please contact your independent tax advisor if you need help finding out whether any person is a foreign tax resident.

## Section G Authority Execution

By a resolution of a legally constituted meeting of the organisation or the directors of the company (or equivalent officeholders where the organisation is not a company), as the case may be, authority was given to the person(s) named to sign this authority.

This authority applies to all of the existing accounts of the organisation and all accounts that it may conduct in the future, except those accounts for which you are given a separate authority.

This authority will continue until the Bank receives a written notice, in a form satisfactory to the Bank, from the organisation, confirming that the authority has been cancelled.

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

by (signature)

Full name

Official designation  
(e.g. Director, Company Secretary or equivalent)

Date

by (signature)

Full name

Official designation  
(e.g. Director, Company Secretary or equivalent)

Date

OR

**Note:** Execute using the following section where signing under a power of attorney.

Signed for (name of company or other organisation)

By its attorney(s) under the authority of a power of attorney

Sign here

I have no notice of the revocation of the power of attorney

Full name

Title (if applicable)  
(e.g. Chief Executive Officer, General Manager)

Date

Sign here

I have no notice of the revocation of the power of attorney

Full name

Title (if applicable)  
(e.g. Chief Executive Officer, General Manager)

Date

**Note:** Westpac reserves the right to call for further evidence of authority to sign, including by requesting a copy of the power of attorney where signing is via this method.

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