

# **Application and Authority for Business Accounts**



# **O** Purpose of form:

- This form may be used for new customers or existing customers requiring a new authority/new business account.
- · Where more than one account is requested, the same authorised signatories and method of operation will apply.
- Amendments to Electronic authorities cannot be completed using this form.
- · We respect your privacy. Information provided in this form will only be used and disclosed for the purposes as stated in the section on 'Privacy' in the Terms and Conditions for this account. For more information, please refer to our Privacy Policy on our website www.commbank.com.au/privacy.

Section 1 - Account details	3	
BSB number	Account number	Name of account
1		
2		
3		
Account type (Please tick (	') appropriate box(es))	
☐ Business Transaction Acc	ount# Please select account purpos	se, If applicable
	☐ Project Bank Account WA	
	Project Trust Account QL	D
Standard Business Chequ		16 11
(relationship managed c	<b>lients only)</b> ► Please select account p □ Project Bank Accour	
	☐ Project Bank Accour	
Capital Growth Account	Please nominate your notice period	ונ עבט
□ Capital Clowth Account	☐ 2 days ☐ 7 days ☐ 35 day	ys 🗌 60 days 🗌 90 days 🔲 185 days 🔲 370 days
Note: The notice period s	·	ou must wait after giving us a withdrawal instruction and when the
funds become available in	your account. The notice period cannot	t be changed at a later date without opening a new account. 2 and
	ot available for Financial Institutions. No nship managed clients only.	otice periods of 35+ days require a minimum deposit of \$500,000
	,	
_		est earned on the Capital Growth Account(s)
	Growth Account. <b>Note:</b> Interest is not	available without giving a withdrawal instruction
☐ Another account  BSB number	Account number	Name of account
Bob Hamber		
Cash Deposit Account		
•	· -	Real Estate Statutory Trust Account)*
Please specify trust accou	unt:	
* F- :: NC\N/ D! F-+-+- 0.1:-		orional dankifa (LHD) assat ba manidad famasah assam
	•	nique Identifier (UID) must be provided for each account.
☐ Society Cheque Account*	•	
☐ Business Online Saver		
☐ Business Investment Acc		
☐ Business Foreign Currence	cy Account Currency code(s)	
☐ Stream Working Capital 7	ransaction Account#	
Other – please specify:		

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The manner in which the authorised signatories		ions below)	
Any one of the authorised signatories	atories are authorised t	o act are set out in the account Te	rms and Conditions.
I Ally one of the authorised signatories	specified in Section 6	can operate on the above account(	s)
Any two of the authorised signatories	specified in Section 6	can operate on the above account(	s)
Other specified below			
* For Cash Deposit Account, only "Any one	of the authorised signator	ies specified in Section 6 can operate	on the above account(s)" will apply.
Section 3 – Additional person authorise		•	
I/We have also authorised the person imr the account(s).	nediately below to obta	in statements of account and any	information required concerning
Additional person			
Title	Ms 🗆 Other 🗔		
Full given name(s)		Surname	
Personal address			
		State	Postcode
	Dete	Otato	
Position (e.g. Director/Partner)	Date (DD/MM/YYYY)	Signature	Date of birth (DD/MM/YYYY)
Ooklon (e.g. Director) arthory			(BB/WW/TTTT)
		<sup>」</sup>	
Section 4 – Primary Business Activity a	nd Tax Residency Info	rmation (Partnerships, Unlisted Co	ompanies, Trusts & Associations only
Registered Address			
		State	Postcode
s the organisation's primary business act	ivity investing?	State	Postcode
Fick 🗸) 'Yes' if the organisation's earns m	nore than 50% of its tota	al income from investment activitie	
Fick (🗸) 'Yes' if the organisation's earns mor more than 50% of the assets produce o	nore than 50% of its tota or are held for producing	al income from investment activitions investment income.	es (e.g. rent, interest or dividends)
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Registered Address	
	State Postcode
s the organisation's primary business activity in lick (🗸) 'Yes' if the organisation's earns more th	nvesting? nan 50% of its total income from investment activities (e.g. rent, interest or dividends
r more than 50% of the assets produce or are	
☐ No ☐ Yes → If Yes, please note that you will b	be contacted by the Bank to obtain tax residency details of all the beneficial owners
rganisation Tax Residency Information (mar	
least one country) and Tax Identification Nur Select one of the below reasons; a. The organisation's country of tax residency b. The organisation has not been issued with	n a TIN by its country of tax residency
c. The organisation's country of tax residency	y does not require disclosure of a TIN his reason is selected, account operations might be impacted until TIN is provided)
Tick (✓) the box that is applicable	ms reason is selected, account operations might be impacted until This is provided,
☐ Australia only country of tax residency	
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Country/ies of Tax Residency Please list country/ies of tax residency.	Tax Identification Number (TIN) or Reason for no TIN  Please provide a TIN for each country of tax residency or select one of the reasons for no TIN (Refer to options a, b, c, d above) If Australia is a country of tax residency, please select reason C.
ndividual	
ull given name(s)	Surname
DD/MM/YYYY)  Personal registered address	
ax Residency Information (mandatory unless	State Postcode s previously provided)
Please provide all countries where you are a residency; or Select one of the below reasons; a. My country of tax residency does not issue b. I have not been issued with a TIN by my co c. My country of tax residency does not requi d. TIN information will be provided later (If the	s previously provided) resident for tax purposes; and Tax Identification Number (TIN) for each country of t e TINs ountry of tax residency ire disclosure of a TIN his reason is selected, account operations might beimpacted until TIN is provided)
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	latory for Capital Growth A		
NetBank			
$\square$ Link the new account(s) to your exis	ting NetBank facility		
NetBank Client Number 1		NetBank Client Number 2	
		(if applicable)	
☐ Register for NetBank access  CommBiz			
_			
Link the new account(s) to your exis	ting CommBiz Service ID		
☐ Replicate existing CommBiz aut	horities and method of ope	eration as per account 06	
or	0 " 0 N ( N " )		
<u>_</u>		of operation defined in Section 2 will a	
	·	ned in Section 2, and authorisers nomi please nominate form of token below)	nated in Section 6 will appi
= eToken	pervise regionation only	sidde Herrinate form of token below,	
☐ Physical Token			
Account to debit CommBiz fees	16		
CommBiz International Payment and	Foreign Exchange (IPFX)		
Register for a new CommBiz IPFX se	ervice using EV Approval C	'oda	
- Register for a new Commissiz IFT X se	ervice using i Approval C	Joue	
Section 6 – Persons authorised to ope	erate on the account(s)		
Declaration and Consent by Signatori	es (all fields mandatory)		
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· ·		ction on 'Privacy' in the Terms and Cor and correct and that I will advise the B	
we understand it is a serious offence t			ank ir these details change
Authorised signatory 1			
	Ms Other		
Full given name(s)		Surname	
Other names known by (if any)		Position (e.g. Director/Partner)	Date of birth (DD/MM/YYYY)
		(e.g	
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Personal residential address (PO Box is	not acceptable)		
Personal residential address (PO Box is	not acceptable)		
Personal residential address (PO Box is	not acceptable)	State	Postcode
	·		
	·		
	·		
Personal postal address ( <b>Note:</b> this will	·	addresses. To update account address	ses please contact Banker)
Personal postal address ( <b>Note:</b> this will	·	addresses. To update account address	es please contact Banker) Postcode
Personal postal address ( <b>Note:</b> this will Email address	·	addresses. To update account address	es please contact Banker) Postcode
Personal postal address ( <b>Note:</b> this will Email address	·	addresses. To update account address	es please contact Banker) Postcode
Personal postal address ( <b>Note:</b> this will  Email address  Customer (CIF) ID (Bank use only)	not be applied to account	addresses. To update account address State  Existing CBA Account number	Postcode Telephone number
Personal residential address (PO Box is Personal postal address (Note: this will Email address Customer (CIF) ID (Bank use only)  Signature	not be applied to account	addresses. To update account address	Postcode Telephone number
Personal postal address ( <b>Note:</b> this will  Email address  Customer (CIF) ID (Bank use only)	not be applied to account	addresses. To update account address State  Existing CBA Account number	Postcode Telephone number
Personal postal address ( <b>Note:</b> this will  Email address  Customer (CIF) ID (Bank use only)	Date (DD/MM/YYYY)	addresses. To update account address  State  Existing CBA Account number  Authorities	Postcode Telephone number  riser Primary Contact

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Section 6 – Persons authorised to ope	erate on the account(s) (	continued)	
Authorised signatory 2			
Γitle □ Mr □ Mrs □ Miss □	Ms 🗌 Other 📖		
-ull given name(s)		Surname	
Other names known by (if any)		Position (e.g. Director/Partner)	Date of birth (DD/MM/YYYY)
Occupation			
Personal residential address (PO Box is	not acceptable)		
		State	Postcode
Personal postal address (Note: this will	not be applied to account	t addresses. To update account addres	sses please contact Banker)
		· · · · · · · · · · · · · · · · · · ·	,
		State	Postcode
Email address			Telephone number
Customer (CIF) ID (Bank use only)		Existing CBA Account number	L
- (Oil ) ID (Dalik use Oilly)		Lasting Oba Account number	
	D. (		
Signature	Date (DD/MM/YYYY)	<b>Authorities</b> CommBiz Auth	oriser
ngriature		¬ Addiorides 🖂 Commbiz Addi	011301
Authorised signatory 3			
Authorised signatory 3  Fitle  Mr  Mrs  Miss    Full given name(s)	Ms Other	Surname	
Γitle □ Mr □ Mrs □ Miss □	Ms Other	Surname Position (e.g. Director/Partner)	Date of birth (DD/MM/YYYY)
Fitle  Mr  Mrs  Miss  Full given name(s)	Ms Other		
Fitle  Mr  Mrs  Miss    Full given name(s)  Other names known by (if any)	Ms Other		
Title  Mr  Mrs  Miss    Full given name(s)  Other names known by (if any)	Ms Other		
Title  Mr  Mrs  Miss    Full given name(s)  Other names known by (if any)  Occupation			
Title  Mr  Mrs  Miss    Full given name(s)  Other names known by (if any)  Occupation			
Fitle  Mr  Mrs  Miss    Full given name(s)  Other names known by (if any)  Occupation			(DD/MM/YYYY)
Title  Mr  Mrs  Miss   Full given name(s)  Other names known by (if any)  Occupation  Personal residential address (PO Box is	not acceptable)	Position (e.g. Director/Partner)  State	(DD/MM/YYYY) Postcode
Title  Mr  Mrs  Miss   Full given name(s)  Other names known by (if any)  Occupation  Personal residential address (PO Box is	not acceptable)	Position (e.g. Director/Partner)  State	(DD/MM/YYYY) Postcode
Title  Mr  Mrs  Miss   Full given name(s)  Other names known by (if any)  Occupation  Personal residential address (PO Box is	not acceptable)	Position (e.g. Director/Partner)  State t addresses. To update account addre	Postcode esses please contact Banker)
Title  Mr  Mrs  Miss   Full given name(s)  Other names known by (if any)  Occupation  Personal residential address (PO Box is	not acceptable)	Position (e.g. Director/Partner)  State	Postcode esses please contact Banker) Postcode
Title  Mr  Mrs  Miss   Full given name(s)  Other names known by (if any)  Occupation  Personal residential address (PO Box is	not acceptable)	Position (e.g. Director/Partner)  State t addresses. To update account addre	Postcode esses please contact Banker)
Title  Mr  Mrs  Miss   Full given name(s)  Other names known by (if any)  Occupation  Personal residential address (PO Box is  Personal postal address (Note: this will  Email address	not acceptable)	Position (e.g. Director/Partner)  State t addresses. To update account addre	Postcode esses please contact Banker) Postcode
Fitle  Mr  Mrs  Miss  Full given name(s)  Other names known by (if any)  Occupation  Personal residential address (PO Box is  Personal postal address (Note: this will  Email address	not acceptable)	Position (e.g. Director/Partner)  State t addresses. To update account addre	Postcode esses please contact Banker) Postcode
Fitle ☐ Mr ☐ Mrs ☐ Miss ☐ Full given name(s)	not acceptable)	Position (e.g. Director/Partner)  State t addresses. To update account addre	Postcode esses please contact Banker) Postcode
Fitle  Mr  Mrs  Miss  Full given name(s)  Other names known by (if any)  Occupation  Personal residential address (PO Box is  Personal postal address (Note: this will  Email address  Customer (CIF) ID (Bank use only)	not acceptable)  not be applied to accoun	Position (e.g. Director/Partner)  State  t addresses. To update account addre  State  Existing CBA Account number	Postcode esses please contact Banker)  Postcode Telephone number
Fitle  Mr  Mrs  Miss  Full given name(s)  Other names known by (if any)  Occupation  Personal residential address (PO Box is  Personal postal address (Note: this will  Email address	not acceptable)  not be applied to accoun	Position (e.g. Director/Partner)  State t addresses. To update account addre	Postcode esses please contact Banker)  Postcode Telephone number
Fitle  Mr  Mrs  Miss  Full given name(s)  Other names known by (if any)  Occupation  Personal residential address (PO Box is  Personal postal address (Note: this will  Email address  Customer (CIF) ID (Bank use only)	not acceptable)  not be applied to accoun	Position (e.g. Director/Partner)  State  t addresses. To update account addre  State  Existing CBA Account number	Postcode esses please contact Banker)  Postcode Telephone number

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Section 6 – Persons authorised to operate on the account(s) (co	ontinued)	
Authorised signatory 4  Title  Mr  Mrs  Miss  Ms  Other  Full given name(s)	Surname	
Other names known by (if any)	Position (e.g. Director/Partner)  Date of (DD/M)	f birth M/YYYY)
Occupation		
Personal residential address (PO Box is not acceptable)		
	State Postcoo	le
Personal postal address (Note: this will not be applied to account	addresses. To update account addresses please cor	
E will add to a		
Email address	Telephone nu	ımber
Customer (CIF) ID (Bank use only)	Existing CBA Account number	
Signature (DD/MM/YYYY)  If additional signatories are required refer to form 004-432	Authorities	
Section 7 – Business Visa Debit Cards		



## Note:

- · Only eligible account types with "Any one of the authorised signatories to operate" can apply for a debit card.
- If you select card(s) for an account(s) with "Any two of the signatories to operate" or specified as "Other", we will not order a card(s).

#### Apply for a Business Visa Debit Card

I/We are applying for a debit card

I/We agree for the Bank to send me/us a Business Visa Debit Card

I/We have ticked the appropriate box/es below to confirm this request.

- ☐ Authorised signatory 1
- ☐ Authorised signatory 2
- ☐ Authorised signatory 3
- ☐ Authorised signatory 4

#### Section 8 - Declaration and Acknowledgement

I/We have read a copy of the Terms and Conditions for this/these account(s), and the terms of this application, and agree that they govern the operation of this/these account(s).

I/We confirm that the Bank is authorised:

- To permit the authorised signatories noted in Section 6 to have access and to transact on this/these accounts through NetBank/CommBiz, or (if selected) allow the same authorised signatories from the account specified in Section 5 to do so.
- To act upon this authority or any subsequent variation, until the Bank receives notice in writing to cancel it from us or any one of us in accordance with the method of operation.
- If applicable, I/We agree that operation of, and access through, CommBiz International Payment and Foreign Exchange (IPFX) is subject to IPFX Terms and Conditions including special Terms and Conditions for foreign exchange and the Bank's usual terms and conditions applicable to my accounts. I acknowledge having read the IPFX Terms and Conditions and special Terms and Conditions for foreign exchange which are located in the Product Disclosure Statement for CommBiz International Payment and Foreign Exchange.
- I/We consent to the Bank obtaining personal information to verify personal details and disclose personal information as detailed in the section on 'Privacy' in the Terms and Conditions for this account.
- I/We declare that the details as shown on this form are complete and correct and that I/We will advise the Bank if these details change. I /We understand it is a serious offence to provide false or misleading information.

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### Section 8 - Declaration and Acknowledgement (continued)

#### **Business/Organisation entities**

Authority has been duly given by resolution passed at a legally constituted meeting of Directors or Committee Members of the entity or by the Proprietor(s) of the entity or pursuant to the statutory powers of the Department or Public Authority or by signature of the Trustee for the opening, amendment and/or operation of the account(s) in the name(s) and manner set out in this authority. Where the accountholder is a Trustee Custodian, the trust deed/custody agreement authorises the opening and operation of the account(s) in the manner set out in this authority.

#### Person(s) authorised to sign declaration

Signed for and on behalf of: (entity name if a Trust, include Trustee/Custodian name and full trust name)

Entity		Person(s) to Sign	Person(s) to Sign		
Company (including a Company Trus	stee/Custodian)	2 Directors or Director	2 Directors or Director and Secretary or Sole Director		
Incorporated/Unincorporated Associ	iation	Chairperson or Chief O	Chairperson or Chief Officer		
Individual Trustee		Individual	Individual		
Partnership		Managing Partner or C	orporate Partners or 2 Partners		
Sole Trader		Sole Trader			
Government/Public Authority		Mayor or President or 0	Chairperson or Authorising Officer		
ACN/ABN/ARBN	Type of entity				
By: (name of duly authorised person)	Positi	on (e.g. Director/Partner)	Signature of duly authorised person		
By: (name of duly authorised person)  Position (e		on (e.g. Director/Partner)	Signature of duly authorised person		
Additional organisations attached	on following page.				
Section 9 – Application for business	s telephone banking pa	assword (optional)			
/We wish to nominate each account opened in my/our name and that Password may be used by are. The password must be 6 to 12 cha. Do not use Q or Z in the password, Do not use days of the week, mont	ny person to instruct th tracters in length, alpha or as a PIN.	nat use of the Password cannote Bank. a or numeric.	oe linked to all existing account(s) and ot be limited to only some of our account(		

# Section 10 – ABN/ARBN/TFN information (including Trusts)

This section of the form does not apply to non-interest bearing accounts marked with a # in Section [1]. For other accounts, under the Income Tax Assessment Act, the Bank is authorised to collect a Tax File Number (TFN). However, you are not required to (and it is not an offence) if you do not provide a TFN for the account. If you do not provide a TFN, the Bank may be required by law to withhold a portion of the interest earned on the account.

#### Organisation 1

Name of organisation	Tax File Number or ABN/ARBN or exemption category
Organisation 2	
Name of organisation	Tax File Number or ABN/ARBN or exemption category

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Bank or Agent use				
Identification details (e.g. passport, driver licence details etc.) must be completed in all cases where customer identification is obtained.				
Authorised signatory 1	ing account number captured in	Section 6		
Document type	Document number	Place of issue	Issue date Expiry date (DD/MM/YYYY) (DD/MM/YYYY)	
Verification has been performed for <b>Authorised signatory 2</b> Exist	the customer	·	Residential Address	
Document type	Document number	Place of issue	Issue date Expiry date (DD/MM/YYYY) (DD/MM/YYYY)	
Verification has been performed for		•	Residential Address	
Authorised signatory 3	ing account number captured in	Section 6	Januardata Francisco data	
Document type	Document number	Place of issue	Issue date Expiry date (DD/MM/YYYY)	
Verification has been performed for	the customer	and Date of birth, or	Residential Address	
	ing account number captured in	·		
Document type	Document number	Place of issue	Issue date Expiry date (DD/MM/YYYY) (DD/MM/YYYY)	
Verification has been performed for	the customer	and Date of birth, or	Residential Address	
Checklist  1. New account(s) number has be	oon recorded under	6. FSG/Terms and Conditio	no and CommBiz IDEV DDC	
Section 1 Account Details.	een recorded under		e and CommSee noted accordingly.	
2. Method of Operation set up co	orrectly in CommSee.	7. Director(s) and beneficial	owner(s) information collected.	
☐ 3. Applicants for NetBank or CommBiz and/or CommBiz IPFX ☐ 8. For a Business Foreign Currency Account customers must be 18 years or older and hold at least one existing AUD account with us.				
☐ 4. Business Telephone Password	and TFN(s) blacked out.	9. Business Visa Debit Card applicable	s have been ordered where	
☐ 5. All Card/NetBank linkages rem	noved if signatories updated.			
Authorised Officer I certify that the procedure to add at this account have been complied with Bank Officer's name		n authorised signatory or cha	nge the method of operation for Staff number	
Bank Officer's signature	Date (DD/MM/YYYY)	Branch Stamp/BSB		

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