

# Application and Authority for Business Accounts



## 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](http://www.commbank.com.au/privacy).

## Section 1 – Account details

	BSB number	Account number	Name of account
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Account type (Please tick (✓) appropriate box(es))

- ☐ Business Transaction Account# ▶ Please select account purpose, If applicable
- ☐ Project Bank Account WA
- ☐ Project Trust Account QLD
- ☐ Standard Business Cheque Account  
(relationship managed clients only) ▶ Please select account purpose, If applicable
- ☐ Project Bank Account WA
- ☐ Project Trust Account QLD
- ☐ Capital Growth Account ▶ Please nominate your notice period
- ☐ 2 days ☐ 7 days ☐ 35 days ☐ 60 days ☐ 90 days ☐ 185 days ☐ 370 days

**Note:** The notice period specifies the minimum amount of time you must wait after giving us a withdrawal instruction and when the funds become available in your account. The notice period cannot be changed at a later date without opening a new account. 2 and 7 day notice periods are not available for Financial Institutions. Notice periods of 35+ days require a minimum deposit of \$500,000 and are available to relationship managed clients only.

I/We nominate the following account to receive any credit interest earned on the Capital Growth Account(s)

- ☐ Reinvest in the Capital Growth Account. **Note:** Interest is not available without giving a withdrawal instruction
- ☐ Another account

BSB number	Account number	Name of account
<input type="text"/>	<input type="text"/>	<input type="text"/>

- ☐ Cash Deposit Account
- ☐ Statutory Trust Account (e.g. Solicitors Statutory Trust Account, Real Estate Statutory Trust Account)\*

Please specify trust account:

\* For NSW Real Estate & Licensed Agents Statutory Trust Accounts, a Unique Identifier (UID) must be provided for each account.

- ☐ Society Cheque Account#
- ☐ Business Online Saver
- ☐ Business Investment Account
- ☐ Business Foreign Currency Account ▶ Currency code(s)
- 
- ☐ Stream Working Capital Transaction Account#
- ☐ Other – please specify:

**Section 2 – Method of operation** (Please choose one of the options below)

The manner in which the authorised signatories are authorised to act are set out in the account Terms and Conditions.

- ☐ Any 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 signatories specified in Section 6 can operate on the above account(s)" will apply.

**Section 3 – Additional person authorised to obtain information** (optional)

I/We have also authorised the person immediately below to obtain statements of account and any information required concerning the account(s).

**Additional person**

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Full given name(s)

Surname



Personal address

State

Postcode

Position (e.g. Director/Partner)

Date  
(DD/MM/YYYY)

Signature

Date of birth  
(DD/MM/YYYY)




**Section 4 – Primary Business Activity and Tax Residency Information** (Partnerships, Unlisted Companies, Trusts & Associations only)

Please complete the below details (if not previously provided) for each account holder. For joint account holders, all account holders must complete the additional relevant Organisation or Individual section.

Note: If there are more applicants, please copy this section and provide their details.

**Organisation 1**

Organisation Name

Registered Address

State

Postcode

Is the organisation's primary business activity investing?

Tick (✓) 'Yes' if the organisation's earns more than 50% of its total income from investment activities (e.g. rent, interest or dividends) or more than 50% of the assets produce or are held for producing investment income.

☐ No ☐ Yes  If Yes, please note that you will be contacted by the Bank to obtain tax residency details of all the beneficial owners

**Organisation Tax Residency Information (mandatory unless previously provided)**

- Please provide all countries where the Organisation is resident for tax purposes (the Organisation must be a tax resident of at least one country) and Tax Identification Number (TIN) of the organisation for each country of tax residency; or
- Select one of the below reasons;
  - a. The organisation's country of tax residency does not issue TINs
  - b. The organisation has not been issued with a TIN by its country of tax residency
  - c. The organisation's country of tax residency does not require disclosure of a TIN
  - d. TIN information will be provided later (If this reason is selected, account operations might be impacted until TIN is provided)

Tick (✓) the box that is applicable

☐ Australia only country of tax residency

☐ Australia and/or Other Countries  If you tick this box, please complete the below

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.
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Organisation 2**

Organisation Name

**Section 4 – Primary Business Activity and Tax Residency Information** (Partnerships, Unlisted Companies, Trusts & Associations only)

Registered Address

State	Postcode

Is the organisation's primary business activity investing?

Tick (✓) 'Yes' if the organisation's earns more than 50% of its total income from investment activities (e.g. rent, interest or dividends) or more than 50% of the assets produce or are held for producing investment income.

☐ No ☐ Yes ▶ If Yes, please note that you will be contacted by the Bank to obtain tax residency details of all the beneficial owners

**Organisation Tax Residency Information (mandatory unless previously provided)**

- Please provide all countries where the Organisation is resident for tax purposes (the Organisation must be a tax resident of at least one country) and Tax Identification Number (TIN) of the organisation for each country of tax residency; or
- Select one of the below reasons;
  - a. The organisation's country of tax residency does not issue TINs
  - b. The organisation has not been issued with a TIN by its country of tax residency
  - c. The organisation's country of tax residency does not require disclosure of a TIN
  - d. TIN information will be provided later (If this reason is selected, account operations might be impacted until TIN is provided)

Tick (✓) the box that is applicable

☐ Australia only country of tax residency☐ Australia and/or Other Countries ▶ If you tick this box, please complete the below

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.

**Individual**

Full given name(s)

Surname

Date of birth

(DD/MM/YYYY)

Personal registered address

State	Postcode

**Tax Residency Information (mandatory unless previously provided)**

- Please provide all countries where you are a resident for tax purposes; and Tax Identification Number (TIN) for each country of tax residency; or
- Select one of the below reasons;
  - a. My country of tax residency does not issue TINs
  - b. I have not been issued with a TIN by my country of tax residency
  - c. My country of tax residency does not require disclosure of a TIN
  - d. TIN information will be provided later (If this reason is selected, account operations might be impacted until TIN is provided)

**Note:**

If you are a resident or citizen of the US, it is **mandatory** to include US as a country of tax residency.

☐ Australia only country of tax residency☐ Australia and/or Other Countries ▶ If you tick this box, please complete the below

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)

**Individual Customer Declaration**

- I confirm that above information is true and correct and that I will promptly advise the Bank if the information changes.
- I certify that I am the named person or am authorised to provide this information on their behalf.

Signature

Date

(DD/MM/YYYY)

## Section 5 – Electronic Banking (Mandatory for Capital Growth Account)

### NetBank

☐ Link the new account(s) to your existing NetBank facility

NetBank Client Number 1

NetBank Client Number 2  
(if applicable)

☐ Register for NetBank access

### CommBiz

☐ Link the new account(s) to your existing CommBiz Service ID

☐ Replicate existing CommBiz authorities and method of operation as per account

06

or

☐ Add all authorisers nominated in Section 6. **Note:** Method of operation defined in Section 2 will apply.

☐ Register for CommBiz access. **Note:** Method of operation defined in Section 2, and authorisers nominated in Section 6 will apply.

☐ Security Token (For new CommBiz service registration only – please nominate form of token below)

☐ eToken

☐ Physical Token

Account to debit CommBiz fees

06

### CommBiz International Payment and Foreign Exchange (IPFX)

☐ Register for a new CommBiz IPFX service using FX Approval Code

## Section 6 – Persons authorised to operate on the account(s)

### Declaration and Consent by Signatories (all fields mandatory)

By signing below, each Authorised Signatory consents to the Bank obtaining personal information to verify his or her personal details and to use 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 will advise the Bank if these details change.

I/we understand it is a serious offence to provide false or misleading information.

### Authorised signatory 1

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Full 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 addresses. To update account addresses please contact Banker)

State

Postcode

Email address

Telephone number

Customer (CIF) ID (Bank use only)

Existing CBA Account number

Signature

Date

(DD/MM/YYYY)

**Authorities**

☐ CommBiz Authoriser

☐ Primary Contact\*

**\*Note:** The Primary Contact will be set up as the CommBiz Administrator, Service Delegate and Primary Service Contact for new CommBiz services only – You can only have one Primary Contact per account.

**Section 6 – Persons authorised to operate on the account(s)** (continued)**Authorised signatory 2**Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other 

Full 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 addresses. To update account addresses please contact Banker)

State

Postcode

Email address

Telephone number

Customer (CIF) ID (Bank use only)

Existing CBA Account number

Signature

Date  
(DD/MM/YYYY)**Authorities** ☐ CommBiz Authoriser**Authorised signatory 3**Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other 

Full 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 addresses. To update account addresses please contact Banker)

State

Postcode

Email address

Telephone number

Customer (CIF) ID (Bank use only)

Existing CBA Account number

Signature

Date  
(DD/MM/YYYY)**Authorities** ☐ CommBiz Authoriser

## Section 6 – Persons authorised to operate on the account(s) (continued)

### 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 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 addresses. To update account addresses please contact Banker)

State

Postcode

Email address

Telephone number

Customer (CIF) ID (Bank use only)

Existing CBA Account number

Signature

Date  
(DD/MM/YYYY)

**Authorities** ☐ CommBiz Authoriser

If additional signatories are required refer to form 004-432

## 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.

**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
Company (including a Company Trustee/Custodian)	2 Directors or Director and Secretary or Sole Director
Incorporated/Unincorporated Association	Chairperson or Chief Officer
Individual Trustee	Individual
Partnership	Managing Partner or Corporate Partners or 2 Partners
Sole Trader	Sole Trader
Government/Public Authority	Mayor or President or Chairperson or Authorising Officer

ACN/ABN/ARBN

Type of entity

By: (name of duly authorised person)

Position (e.g. Director/Partner)

Signature of duly authorised person

By: (name of duly authorised person)

Position (e.g. Director/Partner)

Signature of duly authorised person

☐ Additional organisations attached on following page.
**Section 9 – Application for business telephone banking password (optional)**

I/We wish to nominate  as the password to be linked to all existing account(s) and each account opened in my/our name. I/We acknowledge that use of the Password cannot be limited to only some of our account(s) and that Password may be used by any person to instruct the Bank.

- The password must be 6 to 12 characters in length, alpha or numeric.
- Do not use Q or Z in the password, or as a PIN.
- Do not use days of the week, months of the year, states, capital cities, Australia or part of the account name.

**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

**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** ☐ Existing account number captured in Section 6

Document type	Document number	Place of issue	Issue date (DD/MM/YYYY)	Expiry date (DD/MM/YYYY)

Verification has been performed for the customer ☐ Full name, and ☐ Date of birth, or ☐ Residential Address

**Authorised signatory 2** ☐ Existing account number captured in Section 6

Document type	Document number	Place of issue	Issue date (DD/MM/YYYY)	Expiry date (DD/MM/YYYY)

Verification has been performed for the customer ☐ Full name, and ☐ Date of birth, or ☐ Residential Address

**Authorised signatory 3** ☐ Existing account number captured in Section 6

Document type	Document number	Place of issue	Issue date (DD/MM/YYYY)	Expiry date (DD/MM/YYYY)

Verification has been performed for the customer ☐ Full name, and ☐ Date of birth, or ☐ Residential Address

**Authorised signatory 4** ☐ Existing account number captured in Section 6

Document type	Document number	Place of issue	Issue date (DD/MM/YYYY)	Expiry date (DD/MM/YYYY)

Verification has been performed for the customer ☐ Full name, and ☐ Date of birth, or ☐ Residential Address

**Checklist**

- |   |   |
|---|---|
| <input type="checkbox"/> 1. New account(s) number has been recorded under Section 1 Account Details.                          | <input type="checkbox"/> 6. FSG/Terms and Conditions and CommBiz IPFX PDS provided where applicable and CommSee noted accordingly.                          |
| <input type="checkbox"/> 2. Method of Operation set up correctly in CommSee.  | <input type="checkbox"/> 7. Director(s) and beneficial owner(s) information collected.  |
| <input type="checkbox"/> 3. Applicants for NetBank or CommBiz and/or CommBiz IPFX linkage/registration request complete/sent. | <input type="checkbox"/> 8. For a Business Foreign Currency Account customers must be 18 years or older and hold at least one existing AUD account with us. |
| <input type="checkbox"/> 4. Business Telephone Password and TFN(s) blacked out.   | <input type="checkbox"/> 9. Business Visa Debit Cards have been ordered where applicable  |
| <input type="checkbox"/> 5. All Card/NetBank linkages removed if signatories updated.   |   |

**Authorised Officer**

I certify that the procedure to add an authorised signatory, amend an authorised signatory or change the method of operation for this account have been complied with.

Bank Officer's name

Staff number

Bank Officer's signature

Date  
(DD/MM/YYYY)

Branch Stamp/BSB