Partnership account application

Bank Australia

Please provide your partnership details

Partnership name

Registered business name (if any)

Industry where the business derives its income

ABN

Primary business address

Postcode

Mailing address (if different)

Postcode

Email address

Investment account

Term deposit

Please invest

Term: month/s or year/s

$

- We require 31 days' notice if you want to withdraw all or part of the term deposit before the maturity date.
- Funds will not be available until the 31st day after your request.
- If you think you may need to access funds immediately in the future, other deposit products may be more suitable.
- Your term deposit will renew automatically on maturity into a comparable term deposit, unless you tell us otherwise.
- After renewal, the applicable interest rate on the comparable term deposit may be lower than the interest rate we are paying now.

Accounts

◯ Commercial access account ◯ Commercial saver account

◯ Everyday access ◯ Online saver ◯ Bonus saver

Tax file number

Collection of Tax File Number information is authorised and regulated by tax laws and the *Privacy Act*. It is not an offence to choose not to quote your Tax File Number, but if your Tax File Number is not quoted, you may be charged Withholding Tax on the interest that you earn. If quoted, your Tax File Number will automatically be applied to future accounts you open on this account unless you instruct us otherwise.

Tax file number

Partner 1

Customer number (if a customer)

Title

Surname

Given names

Residential address

Postcode

Mailing address

Postcode

Email

Date of birth / /

Telephone

Work phone

Mobile phone

◯ Visa debit card Account number

Do you believe you are a PEP?* ◯ Yes ◯ No

Internet banking ◯ View only ◯ Create and update ◯ Create, update and approve ◯ Full access

Do you require access to statements? ◯ Yes ◯ No

Does this person require statements for

◯ All accounts ◯ Other (please specify) ◯ None

Signature

Please be aware that we require a physical signature on this form, once completed print off and sign before sending.

* Politically exposed persons (PEPs) are individuals who occupy a prominent public position or functions in a government body or international organisation, both within and outside Australia. This definition also extends to their immediate family members and close associates.

Partner 2

Customer number (if a customer)

Title

Surname

Given names

Residential address

Postcode

Mailing address

Postcode

Email

Date of birth

/ /

Telephone

Work phone

Mobile phone

◯ Visa debit card Account number

Do you believe you are a PEP?* ◯ Yes ◯ No

Internet banking ◯ View only ◯ Create and update ◯ Create, update and approve ◯ Full access

Do you require access to statements? ◯ Yes ◯ No

Does this person require statements for

◯ All accounts ◯ Other (please specify) ◯ None

Signature

Please be aware that we require a physical signature on this form, once completed print off and sign before sending.

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Partner 3

Customer number (if a customer)

Title

Surname

Given names

Residential address

Postcode

Mailing address

Postcode

Email

Date of birth

/ /

Telephone

Work phone

Mobile phone

◯ Visa debit card Account number

Do you believe you are a PEP?* ◯ Yes ◯ No

Internet banking ◯ View only ◯ Create and update ◯ Create, update and approve ◯ Full access

Do you require access to statements? ◯ Yes ◯ No

Does this person require statements for

◯ All accounts ◯ Other (please specify) ◯ None

Signature

Please be aware that we require a physical signature on this form, once completed print off and sign before sending.

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Partner 4

Customer number (if a customer)

Title

Surname

Given names

Residential address

Postcode

Mailing address

Postcode

Email

Date of birth

/ /

Telephone

Work phone

Mobile phone

◯ Visa debit card Account number

Do you believe you are a PEP?* ◯ Yes ◯ No

Internet banking ◯ View only ◯ Create and update ◯ Create, update and approve ◯ Full access

Do you require access to statements? ◯ Yes ◯ No

Does this person require statements for

◯ All accounts ◯ Other (please specify) ◯ None

Signature

Please be aware that we require a physical signature on this form, once completed print off and sign before sending.

Under Australian regulatory requirements, Bank Australia must collect tax residency information.

Please complete the tax residency self-certification form for your Partnership; the forms and help guide can be found at bankaust.com.au/foreign-tax

Authorisation to open account

By becoming a Bank Australia customer, you agree to become a member of Bank Australia Limited, entitling you to one share and to be entered into our register of members.

I/We have resolved that:

1. I/We open an account with Bank Australia
2. I/We have read the relevant conditions of use and agree to be bound by them. I/We have also read the Privacy Notification and consent to the contents therein
3. Where there are 2 or more signatories, the account signing authority will be as follows:

◯ **Any one to sign** ◯ **Any two to sign** ◯ **All parties to sign**

Partner signature

Signature

Partner signature

Signature

Please be aware that we require a physical signature on this form, once completed print off and sign before sending.

Please print name

Date

/ /

Please print name

Date

/ /

Bank Australia use only

Record of identification Procedure for the Partnership
Operator number

◯ ASIC search for Partnership carried out

Operator number

Date

/ /

Confirmation

Staff member's signature

Seniors signature

Visit us at your nearest branch
bankaust.com.au/support/branches

Mailing something?
7-9 Seymour St, Traralgon VIC 3844

Talk to someone
132 888

Bank Australia Limited ABN 21 087 651 607 AFSL/Australian Credit Licence Number 238431