Partnership account application



Please	nrovide v	VOLIF	partnershij	n detaile
1 10000	DIOVIGE:	, oui	pai tiici siii	Jactans

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.

Partner 1				
Customer number (if a customer)		Title		
Surname		Given	names	
Residential address				Postcode
Mailing address				Postcode
Email			Date of b	irth
Telephone	Work phone	е	Mobile ph	none
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 spe	cify)			None
Signature				

^{*} 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.



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

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 numb	er		
Do you believe you are a PEP?*	Yes No		
Internet banking View only	Create and upo	date Create, update and approve	Full access
Do you require access to statements	s? Yes No		
Does this person require statements	s for		
All accounts Other (please	e 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 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 ar	e a PEP?*	Yes	No			
Internet banking	View only	Create a	nd update	Create, ι	update and approve	Full access
Do you require access	s to statements?	Yes	No			
Does this person requ	uire statements for					
All accounts	Other (please spe	cify)				None
Signature						
1			1			

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 4						
Customer number (if a	customer)		Title			
Surname			Given	names		
Residential address						Postcode
Mailing address						Postcode
maining dadress						
Email					Date of birth	
Telephone		Work phone)		Mobile phone	
Visa debit card A	ccount 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 requi	re statements for					
All accounts	Other (please spe	ecify)				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 <u>bankaust.com.au/foreign-tax</u>

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 the bound of 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	Partner signature
Signature	Signature
Please be aware that we require a physical signature	e on this form, once completed print off and sign before sending.
Please print name	Please print name
Date / /	Date / /
Bank Australia use only	
Record of identification Procedure for the Partner Operator number ASIC search for Partnership carried out	rship Confirmation Staff member's signature
Operator number	
Date / /	Seniors signature

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

Mailing something? 50 Moore Street, Moe VIC 3825

Email us mail@bankaust.com.au Talk to someone 132 888



