Partnership account application



	Please	provide	your	partnership	o details
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Customer number		
Registered business name (if any)		
Industry where the business derives its income	ABN	
Primary business address	F	Postcode
Mailing address (if different)	F	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

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			
Do you require Internet Banking?	Yes	No			
Signature	.30				

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			
Do you require Internet Banking?	Yes	No			
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			
Do you require Internet Banking?	Yes	No			

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

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Signature

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				

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

No

No

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

Yes

Yes

Please complete the tax residency self-certification form CRSO3 for your Partnership; the forms and help guide can be found at bankaust.com.au/foreign-tax

Do you believe you are a PEP?*

Signature

Do you require Internet Banking?

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 sig	n Any two to sign	All parties to sign
Partner signature		Partner signature
Signature		Signature
Please be aware th	at we require a physical signatur	re 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 Partnership	Confirmation
Operator number	Staff member's signature
ASIC search for Partnership carried out	
Operator number	
	Seniors signature
Date	

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

