Government school account application



Customer number				
Fee exempt				
Yes No				
Contact details				
School name			ABN	
Industry where the busin	ess derives its income			
School address				Postcode
Mailing address				Postcode
Contact name			Contact phone nun	nber
Contact email address				
Account access				
Please select how you w	ould like to operate this	account:		
Any one to sign	Two to sign			
Other (please specify)				

Signatories

Signatory 1 – School principal (mandatory signatory) Please complete and sign Title Surname Given names Customer number Date of birth Telephone Work phone Mobile phone Email Residential address Postcode Postcode Mailing address Internet banking access View only Create and update Create, update and approve Full access Internet banking limit* VIP installed No Yes Do you believe you are a PEP?** Yes No

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

Date

^{**} 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.



Signature

^{*} Please note: Application to vary limit is subject to acceptance by Bank Australia, and we maintain the right to revert the limit back to the default limit, or remove access if necessary. Increasing your transfer limit may also increase your liability for any unauthorised transactions. VIP access is required for any customer who regularly transacts in amounts above \$2,000.00

Signatory 2 - School council representative (mandatory signatory) Please complete and sign Title Surname Given names Customer number Date of birth Telephone Work phone Mobile phone Email Residential address Postcode Mailing address Postcode Internet banking access View only Create and update Create, update and approve Full access Internet banking limit* VIP installed No Yes Do you believe you are a PEP?** No Yes

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Date

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Signatory 3 – School council representative (mandatory signatory) Please complete and sign Title Surname Given names Customer number Date of birth Telephone Work phone Mobile phone Email Residential address Postcode Mailing address Postcode Internet banking access View only Create and update Create, update and approve Full access Internet banking limit* VIP installed No Yes Do you believe you are a PEP?** No Yes

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Signatory 4 – School council representative (mandatory signatory) Please complete and sign Title Surname Given names Customer number Date of birth Telephone Work phone Mobile phone Email Residential address Postcode Mailing address Postcode Internet banking access View only Create and update Create, update and approve Full access Internet banking limit* VIP installed No Yes Do you believe you are a PEP?** No Yes Signature Date

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Business manager signatory access

Business Manager Signatories are not full signatories to this account. They are authorised to request statements, obtain maturity information, account balances and transaction details and perform Create and Update via Internet Banking. Please complete and sign

Business mana	nger 1			
Title	Given names		Surname	
Customer num	ber		Date of birth	
Telephone		Work phone	Mobile phone)
Email				
Residential add	Iress			Postcode
Mailing address	S			Postcode
Internet bankin	g access			
View only	Create and updat	e Create, update and ap	prove Full access	
Internet bankin	g limit*			
VIP installed				
Yes	No eStatemer	nt		
Do you believe	you are a PEP?**			
Yes	No			
Signature		Date		

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Business manage	r 2			
Title	Given names		Surname	
Customer number			Date of birth	
Telephone		Work phone	Mobile phone	
Email				
Residential addres	S			Postcode
Mailing address				Postcode
Internet banking a	ccess			
View only	Create and update	Create, update and approve	Full access	
Internet banking li	mit*			
VIP installed				
Yes No	eStatement			
Do you believe you	ı are a PEP?**			
Yes No)			
Signature		Date		

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

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Declaration

I/We advise that all information contained in this application is true and correct. Authorised signatories detailed on this application may;

- 1. Sign, draw, accept, endorse or make arrangements with you regarding withdrawals, bills of exchange, periodical payments, debit authorities, and orders.
- 2. Place money on Term Deposit and receive payments of interest.
- 3. Sign or execute guarantees, indemnities or declarations.

If Bank Australia, at its discretion, permits the above account to become overdrawn, liability to the bank for this account shall be joint and several.

Notification in writing is required when any change to the authorised signatories for the business is made. This authority shall remain in force until Bank Australia receives notice of cancellation signed in accordance with the operation of this account. Bank Australia is authorised to deduct from the customer's account(s) any applicable Bank Australia and Government charges. These are detailed in our 'Fees, Charges and Transaction Limits' brochure and/ or our 'Conditions of Use' brochure. We/I have read the relevant Conditions of Use and agree to be bound by them and to be bound by the disclosure of information therein. I have also read the Bank Australia Privacy Notification for Banking Customers and consent to the contents therein.

Refer to the Financial Services Guide (FSG), Account and Access Facility and Summary of Accounts and Availability of Access Facilities available at our branches, on our website bankaust.com.au or by contacting us on 132 888. These documents should be considered before acquiring a product.

Must be signed by principal and one other signatory.

Name	Name
Signature	Signature
Please be aware that we require a physical signature on thi	s form, once completed print off and sign before sending.
Date of birth	Date of birth

Required documents

Please attach the following documents:

• Certified copy of minutes identifying the authorised person/s to open an account and the authorised person/s to operate the account.

Office use only			
Record of identification Procedure for Government sc	hool		
Customer Identification Procedure – Government school carried out and information matched to myschool website			
Record of Identification Procedures for the signatories	s who are not customers		
For Signatory 1 – Customer Identification Procedure – Individual carried out and document(s) produced were:			
For Signatory 2 – Customer Identification Procedure – Individual carried out and document(s) produced were:			
For Signatory 3 – Customer Identification Procedure – Individual carried out and document(s) produced were:			
For Signatory 4 – Customer Identification Procedure – Individual carried out and document(s) produced were:			
Confirmation			
Staff member's signature	Seniors signature		
Operator number	Date		
Customer number			
Signatories			

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

Mailing something?

7-9 Seymour St, Traralgon VIC 3844

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



