Company account application

Bank Australia

Company details

Customer number

ACN

Company's name

ABN

Industry where the business derives its income

Company's registered office *(mandatory)*

Unit/floor/street number

Street name

Suburb/town

State

Postcode

Principal place of business (if different from above)

Postcode

Mailing address (if different from above)

Postcode

Company's email address

Selecting your accounts and access facilities

◯ Commercial access ◯ Commercial saver

Company's Internet Banking

◯ Separate Read Only Access

To obtain access to Internet banking, an Initial Net Code will be issued to you via email. You will be required to change the Initial Net Code when you first access Internet banking.

Investment account

Term deposit

Please invest $ _____ Term: month/s or year/s _____ Interest rate _____ % p/a

- 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.

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

_____

Listed public company

Is the company listed? ◯ Yes – please proceed to "Company's authorisation to open account"

Unlisted public company – licensed

Does the company hold an Australian Financial Services licence or an Australian Credit licence?
If licenced – please proceed to "Company's authorisation to open account"

◯ Australian Financial Services licence

◯ Australian Credit licence

◯ Specific name of licence _____

Unlisted public company – unlicensed

For an unlisted and unlicensed public company – please list each beneficial owner (an individual controlling, or owning 25% or more of the company) if there are no beneficial owners, please list each director

Required documents

Original or certified copy of Business Constitution or Business Certificate

List directors, signatories and beneficial owners

Instructions for completion

Please tick the relevant box in each disclosure which indicates the person's status as a beneficial owner, director or a signatory. A person can be any or all of these, for example, for a single shareholder/director pty limited company there will be only one person disclosed who will be ticked as the beneficial owner, a director and as a signatory.

Person 1

Title | Given names | Surname

Customer number (if a customer) | Date of birth (/ /)

Home phone | Daytime phone | Mobile phone

Email

Residential address | Postcode

Mailing address | Postcode

Is this person ◯ A beneficial owner ◯ A director ◯ A signatory

Does this person require a ◯ Visa debit card Account number

Signatory Internet Banking Access

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

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

Do you require access to statements? ◯ Yes ◯ No

Does this person require statements for

◯ All accounts ◯ Other (please specify) ◯ None

Specimen signature if a signatory | Date (/ /)

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.

Person 2

Title | Given names | Surname

Customer number (if a customer) | Date of birth

Home phone | Daytime phone | Mobile phone

Email

Residential address | Postcode

Mailing address | Postcode

Is this person ◯ A beneficial owner ◯ A director ◯ A signatory

Does this person require a ◯ Visa debit card Account number

Signatory Internet Banking Access

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

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

Do you require access to statements? ◯ Yes ◯ No

Does this person require statements for

◯ All accounts ◯ Other (please specify) ◯ None

Specimen signature if a signatory | 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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Person 3

Title | Given names | Surname

Customer number (if a customer) | Date of birth

Home phone | Daytime phone | Mobile phone

Email

Residential address | Postcode

Mailing address | Postcode

Is this person ◯ A beneficial owner ◯ A director ◯ A signatory

Does this person require a ◯ Visa debit card Account number

Signatory Internet Banking Access

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

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

Do you require access to statements? ◯ Yes ◯ No

Does this person require statements for

◯ All accounts ◯ Other (please specify) ◯ None

Specimen signature if a signatory | 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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Person 4

Title | Given names | Surname

Customer number (if a customer) | Date of birth

Home phone | Daytime phone | Mobile phone

Email

Residential address | Postcode

Mailing address | Postcode

Is this person ◯ A beneficial owner ◯ A director ◯ A signatory

Does this person require a ◯ Visa debit card Account number

Signatory Internet Banking Access

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

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

Do you require access to statements? ◯ Yes ◯ No

Does this person require statements for

◯ All accounts ◯ Other (please specify) ◯ None

Specimen signature if a signatory | Date

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 relevant tax residency self-certification form; the forms and help guide can be found at bankaust.com.au/foreign-tax

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Company's authorisation to open account

The Board of Directors of the company resolved that:

1. the company open an account with Bank Australia
2. the person(s) specified as signatories be authorised to sign on the company member's behalf on any of the company's accounts with the Bank.
3. where there are 2 or more signatories, the account signing authority will be as follows:
4. 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

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

I confirm that this is a true copy of the resolution.

I have disclosed details about the company's directors and beneficial owners as above.

Chairperson of the Board of Directors

Signature

Authorised signatory

Signature

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

Please print name

Please print name

Date

/ /

Date

/ /

Office use only

Record of identification Procedure for the Pty Ltd Company

◯ Self-certification form for tax residency completed

◯ Customer Identification Procedure – Pty Limited Company carried out and information matched to ASIC search

Verification of licence – if customer indicates holding a licence

◯ Licence verified from ASIC Professional Register search

Record of Identification Procedures for the signatories and (unless the customer is licensed) beneficial owners who are not members

◯ **For Signatory/Beneficial Owner 1** – Customer Identification Procedure – Individual carried out and document(s) produced were:

Office use only

◯ **For Signatory/Beneficial Owner 2** – Customer Identification Procedure – Individual carried out and document(s) produced were:

◯ **For Signatory/Beneficial Owner 3** – Customer Identification Procedure – Individual carried out and document(s) produced were:

◯ **For Signatory/Beneficial Owner 4** – Customer Identification Procedure – Individual carried out and document(s) produced were:

Confirmation

Staff member's signature

Checked by operator number and initials

Operator number

Date

/ / Office use only

Customer number

Signatories