


Application and Authority for Business Accounts

 • This form may be used for new customers or existing customers requiring a new authority/new business account.
 • Where more than one account is requested to be opened, the same authorised signatories and method of operation will apply to all accounts.

1. Account details

	BSB number	Account number	Name of account
1	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
2	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Account type (Please tick (✓) appropriate box)

<input type="checkbox"/> Business Transaction Account	<input type="checkbox"/> Society Business Cheque Account
<input type="checkbox"/> Premium Business Cheque Account	<input type="checkbox"/> Business Online Saver
<input type="checkbox"/> Standard Business Cheque Account	
<input type="checkbox"/> Interest Bearing Option	
<input type="checkbox"/> Statutory Trust Option (e.g. Solicitors Statutory Trust Account, Real Estate Statutory Trust Account)	

Please specify

2. Electronic banking (optional)

NetBank

Link your new account(s) to your existing NetBank facility

NetBank Client Number 1

NetBank Client Number 2

NetBank Client Number 3

Register for NetBank access

CommBiz

Link your new account(s) to your existing CommBiz facility

CommBiz Service ID

Register for CommBiz access

3. Method of operation (Please choose one of the options below)

The manner in which the authorised signatories are authorised to act on the account are set out in the Terms and Conditions for this account.

Any one of the authorised signatories specified in Section 4 can operate on the above account(s)

Any two of the authorised signatories specified in Section 4 can operate on the above account(s)

Other specified below

4. Persons authorised to operate on the account(s)

Declaration and Consent by Signatories

I/We understand and acknowledge that the law requires signatories to provide true and correct information and state all the names by which they are commonly known. I also understand that the law prohibits the use of false names, as well as the giving, use or production of false or misleading information or documents in connection with the provision of financial services and the making, possession or use of a false document in connection with an identification procedure.

By signing below, each Authorised Signatory authorises and consents to the Bank obtaining personal information about him or her to verify his or her personal details in this application. His or her signature below indicates his or her acknowledgement and consent to the use and disclosure of his or her personal information as detailed in the section on 'Privacy' in the Terms and Conditions for this account.

I/We declare that the details as shown on this form are complete and correct.

4. Persons authorised to operate on the account(s) (continued)

Authorised signatory 1

Full given name(s)

Surname

Other names known by (if any)

Title (e.g. Director/Partner)

Date of birth

Email address

Telephone number

Residential address (PO Box is not acceptable)

Signature

Date

Existing CBA Account number

Authorised signatory 2

Full given name(s)

Surname

Other names known by (if any)

Title (e.g. Director/Partner)

Date of birth

Email address

Telephone number

Residential address (PO Box is not acceptable)

Signature

Date

Existing CBA Account number

Authorised signatory 3

Full given name(s)

Surname

Other names known by (if any)

Title (e.g. Director/Partner)

Date of birth

Email address

Telephone number

Residential address (PO Box is not acceptable)

Signature

Date

Existing CBA Account number

Additional Authorised Signatories attached on following page.

5. Additional person authorised to obtain information (optional)

We have also authorised the person immediately below to:

- Obtain statements of account and any information required concerning the account(s) generally.

Additional person

Full given name(s)

Surname

Other names known by (if any)

Title (e.g. Director/Partner)

Date of birth

Signature

Date

6. Declaration and Acknowledgement

I/We have read a copy of the Terms and Conditions for this/these account(s) and agree that those Terms and Conditions (including the section on 'Privacy') govern the operation of this/these account(s), by signing below and returning this form.

I/We request you to recognise and act upon this authority or any variation of this authority until the branch of the Bank where the account(s) is/are conducted receives notice in writing from us, or any one of us (in accordance with the method or operation), of the cancellation of this authority.

The Bank has received for inspection the current documentation relevant to the type of entity.

Complete either Part A or Part B

Part A - (Business/Organisation entities except Trustees/Custodians)

Authority has been duly given by resolution passed at a legally constituted meeting of Directors or Committee Members of the entity or by the Proprietor(s) of the entity or pursuant to the statutory powers of the Department or Public Authority for the opening, amendment and/or operation of the account(s) in the name(s) and manner set out in this authority.

Person(s) authorised to sign declaration

Entity	Person(s) to Sign
Company	- 2 Directors or Director and Secretary or Sole Director
Incorporated Association	- Chairperson or Chief Officer
Unincorporated Association	- Chairperson or Chief Officer
Partnership	- Managing Partner or Corporate Partners or 2 Partners
Sole Trader	- Sole Trader
Government/Public Authority	- Mayor or President or Chairperson or Authorising Officer

Signed for and on behalf of: (entity name)

ACN/ABN/ARBN

Type of entity

By: (name of duly authorised person)

Title (e.g. Director/Partner)

Signature of duly authorised person

<input type="text"/>	<input type="text"/>	<input type="text"/>
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By: (name of duly authorised person)

Title (e.g. Director/Partner)

Signature of duly authorised person

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Additional entities attached on following page.

Part B - (Trustees/Custodians)

The trust deed/custody agreement authorises the opening and operation of the account(s) in the manner set out in this authority.

Authority is given by signature of the Trustee(s)/Custodian(s) below or where the Trustee/Custodian is a company, by resolution passed at a legally constituted meeting of Director(s) of the company for the opening and operation of the account(s) in the name and in the manner set out in this authority.

Full name of Trust/Custody Agreement

Full name of Trustee/Custodian
(Individual or Company)

ACN/ABN/ARBN

Trustee/Custodian Signature
(Individual or Director and Secretary or
Sole Director)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Full name of Trustee/Custodian
(Individual or Company)

ACN/ABN/ARBN

Trustee/Custodian Signature
(Individual or Director and Secretary or
Sole Director)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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7. Application for business telephone banking password (optional)

I/We wish to nominate as the password to be linked to all existing account(s) and each account opened in my/our name. I/We acknowledge that use of the Password cannot be limited to only some of our account(s) and that Password may be used by any person to instruct the Bank.

- The password must be 6 to 12 characters in length, alpha or numeric.
- Do not use Q or Z in the password, or as a PIN.
- Do not use days of the week, months of the year, states, capital cities, Australia or part of the account name.

8. ABN/ARBN/TFN information

It is not an offence not to quote a tax file number for the account. However, if you do not quote it, the Bank is required by law to deduct tax from any interest earned on the account above a certain threshold.



Note: Where a trust is included in the relationship we require TFN details for the trust.

Entity 1

Name of entity

Tax File Number or ABN/ARBN or exemption category

Entity 2

Name of entity

Tax File Number or ABN/ARBN or exemption category

Bank or Agent use

Identification details (e.g. passport, driver's licence details etc.) must be completed in all cases where customer identification is obtained.

Authorised signatory 1 Existing account number captured in Section 4

Document type

Document number

Place of issue

Issue date

Expiry date

Verification has been performed for the customer

Full name, **and** Date of birth, **or** Residential Address

Authorised signatory 2 Existing account number captured in Section 4

Document type

Document number

Place of issue

Issue date

Expiry date

Verification has been performed for the customer

Full name, **and** Date of birth, **or** Residential Address

Authorised signatory 3 Existing account number captured in Section 4

Document type

Document number

Place of issue

Issue date

Expiry date

Verification has been performed for the customer

Full name, **and** Date of birth, **or** Residential Address

Checklist

- 1. New account(s) number has been recorded under Section 1 Account Details.
- 2. Method of Operation set up correctly in CommSee.
- 3. NetBank/CommBiz linkage/registration request complete/sent.
- 4. Business Telephone Password and TFN(s) blacked out.
- 5. All Card/NetBank linkages removed if signatories updated.

Authorised Officer

I certify that the procedure to add an authorised signatory, amend an authorised signatory or change the method of operation for this account have been complied with.

Bank Officer's name

Staff number

Bank Officer's signature

Date

Branch Stamp/BSB