

Bank Guarantee Claim Form (Favouree Use Only)

Simply fill out a few details for us to process your request.



Purpose of form:

- Submit a Claim – request payment where an obligation has not been fulfilled

Visit our Group Privacy Statement under www.commbank.com.au (search Privacy and follow the Group Privacy Statement link) or upon request from any branch of the Bank to learn more about how we handle your personal information. If you are providing personal information on behalf of other individuals, you must ensure you are authorised to do so and provide them with a copy of our Group Privacy Statement

For more information, please refer to our Bank Guarantee: Favouree Fact Sheet

Section 1 – Details of the Bank Guarantee

What is the customer's name listed on the Bank Guarantee, including ABN/ACN?

What is the Favouree's name listed on the Bank Guarantee, including ABN/ACN?

Bank Guarantee Number	Bank Guarantee Amount	Issuance Method (paper/electronic)



Note: Please refer to your Bank Guarantee to determine if the original Bank Guarantee needs to be returned to the Bank.

Section 2 – Details of Request

I/we demand payment for the	Full Amount Partial Amount
Claim Amount	\$
If Partial Amount	Please provide instructions for the remaining funds: No Further Claim - The remaining funds can be returned to the customer and the Bank Guarantee will be subsequently cancelled. Further Claim - A new Bank Guarantee will be created with the same terms but with a lesser amount. This will be exchanged for the old Bank Guarantee.

Has the paper Bank Guarantee been lost/misplaced?	Yes No Bank Guarantee Number The Bank Guarantee is lost/misplaced and if found, will be returned to the Bank and no further claims will be made on this Bank Guarantee as this is now considered null and void Should the Favouree notify the Bank in writing that it requires payment to be made, the original Bank Guarantee must accompany any demand for payment. From April 2017, a Letter of Consent from the customer is required if Bank Guarantee has been lost/misplaced.
---	--

Section 3 – Payment Method



Note: Please complete only one of the following sections based on your preferred payment method.

Complete this section if you require a Bank Cheque	Bank Cheque Payable to The nominated Commonwealth Bank Branch to pick up the cheque Is the person picking up the cheque different to the signatory on this request? Yes No If yes, please complete the following Full Legal Name Contact Number				
Complete this section if you require a Electronic Funds Transfer	Electronic Funds Transfer Account Name BSB Account Number				
Complete this section if you require an Electronic Funds Transfer split across multiple accounts	Electronic Funds Transfer (Split Across Multiple Accounts) <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Account Name</td> <td style="width: 15%;">BSB</td> <td style="width: 33%;">Account Number</td> <td style="width: 19%;">Amount</td> </tr> </table> Total Claim Amount	Account Name	BSB	Account Number	Amount
Account Name	BSB	Account Number	Amount		



Note: The Bank reserves the right to confirm the authenticity of the written notification of the Favouree before making payment to the Favouree. This may include a verification call. In certain circumstances, the payment method may default to a Bank Cheque in the Favouree's name.

Section 4 – Authorised Signatory Details



Print off more copies as needed.

Authorised signatory 1

Full Legal Name

Title - if applicable (e.g. Director/Partner/POA including book and no.)

Company - if applicable

Contact Number

Email

Business Address

Signature

Date



Authorised signatory 2

Full Legal Name

Title - if applicable (e.g. Director/Partner/POA including book and no.)

Company - if applicable

Contact Number

Email

Business Address

Signature

Date



Authorised signatory 3

Full Legal Name

Title - if applicable (e.g. Director/Partner/POA including book and no.)

Company - if applicable

Contact Number

Email

Business Address

Signature

Date



Section 4 – Authorised Signatory Details continued

Authorised signatory 4

Full Legal Name

Title - if applicable (e.g. Director/Partner/POA including book and no.)

Company - if applicable

Contact Number

Email

Business Address

Signature

Date



- At least one signatory per Favouree is required to sign
- The Bank reserves the right to require proof of identity of any person acting on behalf of the Favouree. If the Favouree is an individual, a copy of their photo ID is required



Return Your Form

- Once completed, please return you form by:
- Visiting your nearest Commonwealth Bank of Australia branch
- Contacting our Business Banking Team on 13 19 98 or your customer's Relationship Manager

Note: The original Bank Guarantee must be returned in person. If your request requires both a written notification (form) and original Bank Guarantee, please return the documents to your nearest Commonwealth Bank Branch.

The form can be executed and accepted by one of the below options:

- Electronically signed and returned via email or in person
- Print, signed and scanned form returned via email
- Print, signed and returned in person