



Application and Authority for Business Accounts



Purpose of form

- 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, the same authorised signatories and method of operation will apply.
- Amendments to Electronic authorities cannot be completed using this form.
- We respect your privacy. Information provided in this form will only be used and disclosed for the purposes as stated in the section(s) on 'Privacy' in the Terms and Conditions document(s) for this account. For more information, please refer to our Group Privacy Statement available on our website at commbank.com.au/privacy, or alternatively by visiting commbank.com.au and clicking the Privacy Statement link or asking for a copy at any CommBank branch.

Section 1 – Account details

| | BSB number | Account number | Name of account |
|---|----------------------|----------------------|----------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Account type (Please tick (✓) appropriate box/es)

Business Transaction Account# Please select account purpose, if applicable
 Project Bank Account WA
 Project Trust Account QLD

Standard Business Cheque Account (relationship managed clients only) Please select account purpose, if applicable
 Project Bank Account WA
 Project Trust Account QLD

Capital Growth Account Please nominate your notice period
 2 days 7 days 35 days 60 days 90 days 185 days 370 days

Note: The notice period specifies the minimum amount of time you must wait after giving us a withdrawal instruction and when the funds become available in your account. The notice period cannot be changed at a later date without opening a new account. 2 and 7 day notice periods are not available for Financial Institutions. Notice periods of 35+ days require a minimum deposit of \$500,000 and are available to relationship managed clients only.

I/We nominate the following account to receive any credit interest earned on the Capital Growth Account(s)

Reinvest in the Capital Growth Account. **Note:** Interest is not available without giving a withdrawal instruction

Another account

| | | |
|------------|----------------|-----------------|
| BSB number | Account number | Name of account |
|------------|----------------|-----------------|

Cash Deposit Account

Statutory Trust Account (e.g. Solicitors Statutory Trust Account, Real Estate Statutory Trust Account)*

Please specify trust account

* For NSW Real Estate & Licensed Agents Statutory Trust Accounts, a Unique Identifier (UID) must be provided for each account.

I/We nominate the following Commbank account held by me/us for debiting any applicable fees and charges related to the Statutory Trust Account(s)

| | | |
|---------------------------------|----------------------|----------------------|
| BSB number | Account number | Name of account |
| <input type="text" value="06"/> | <input type="text"/> | <input type="text"/> |

Society Cheque Account#

Business Online Saver

Business Investment Account

Business Foreign Currency Account Currency code(s)

Section 1 – Account details (continued)

Stream Working Capital Transaction Account#
 Other – please specify

Section 2 – Method of operation (Please choose one of the options below)

The manner in which the authorised signatories are authorised to act are set out in the account Terms and Conditions.
 Any one of the authorised signatories specified in Section 6 can operate on the above account(s)
 Any two of the authorised signatories specified in Section 6 can operate on the above account(s)
 Other specified below

* For Cash Deposit Account, only "Any one of the authorised signatories specified in Section 6 can operate on the above account(s)" will apply.

Section 3 – Additional person authorised to obtain information (optional)

I/We have also authorised the person immediately below to obtain statements of account and any information required concerning the account(s).

Additional person

Title Mr Mrs Miss Ms Other

Full given name(s) Surname

Personal address State Postcode

Position (e.g. Director/Partner) Date of birth (DD/MM/YYYY) Signature Date (DD/MM/YYYY)

Section 4 – Primary Business Activity and Tax Residency Information (Partnerships, Unlisted Companies, Trusts & Associations only)

Please complete the below details (if not previously provided) for each account holder. For joint account holders, all account holders must complete the additional relevant Organisation or Individual section.

Note: If there are more applicants, please copy this section and provide their details.

Organisation 1

Organisation name

Registered address

| | | |
|--|-------|----------|
| | State | Postcode |
|--|-------|----------|

Is the organisation's primary business activity investing?

Tick (✓) 'Yes' if the organisation's earns more than 50% of its total income from investment activities (e.g. rent, interest or dividends) or more than 50% of the assets produce or are held for producing investment income.

No Yes ► If Yes, please note that you will be contacted by the Bank to obtain tax residency details of all the beneficial owners.

Organisation Tax Residency Information (mandatory unless previously provided)

- Please provide all countries where the Organisation is resident for tax purposes (the Organisation must be a tax resident of at least one country) and Tax Identification Number (TIN) of the organisation for each country of tax residency; or
- Select one of the below reasons:
 - a. The organisation's country of tax residency does not issue TINs
 - b. The organisation has not been issued with a TIN by its country of tax residency
 - c. The organisation's country of tax residency does not require disclosure of a TIN
 - d. TIN information will be provided later (If this reason is selected, account operations might be impacted until TIN is provided).

Section 4 – Primary Business Activity and Tax Residency Information (Partnerships, Unlisted Companies, Trusts & Associations only)

Tick (✓) the box that is applicable

Australia only country of tax residency

Australia and/or Other Countries ▶ If you tick this box, please complete the below:

| Country/ies of Tax Residency | Tax Identification Number (TIN) or Reason for no TIN |
|---|---|
| Please list country/ies of tax residency. | Please provide a TIN for each country of tax residency or select one of the reasons for no TIN (Refer to options a, b, c, d above). If Australia is a country of tax residency, please select reason C. |
| | |
| | |
| | |

Organisation 2

Organisation name

Registered address

| | | |
|--|-------|----------|
| | State | Postcode |
|--|-------|----------|

Is the organisation's primary business activity investing?

Tick (✓) 'Yes' if the organisation's earns more than 50% of its total income from investment activities (e.g. rent, interest or dividends) or more than 50% of the assets produce or are held for producing investment income.

No Yes ▶ If Yes, please note that you will be contacted by the Bank to obtain tax residency details of all the beneficial owners

Organisation Tax Residency Information (mandatory unless previously provided)

- Please provide all countries where the Organisation is resident for tax purposes (the Organisation must be a tax resident of at least one country) and Tax Identification Number (TIN) of the organisation for each country of tax residency; or
- Select one of the below reasons;
 - a. The organisation's country of tax residency does not issue TINs
 - b. The organisation has not been issued with a TIN by its country of tax residency
 - c. The organisation's country of tax residency does not require disclosure of a TIN
 - d. TIN information will be provided later (If this reason is selected, account operations might be impacted until TIN is provided).

Tick (✓) the box that is applicable

Australia only country of tax residency

Australia and/or Other Countries ▶ If you tick this box, please complete the below:

| Country/ies of Tax Residency | Tax Identification Number (TIN) or Reason for no TIN |
|---|--|
| Please list country/ies of tax residency. | Please provide a TIN for each country of tax residency or select one of the reasons for no TIN (Refer to options a, b, c, d above) If Australia is a country of tax residency, please select reason C. |
| | |
| | |
| | |

Individual

Full given name(s)

Surname

Date of birth (DD/MM/YYYY)

Personal residential address

| | | |
|--|-------|----------|
| | State | Postcode |
|--|-------|----------|

Section 4 – Primary Business Activity and Tax Residency Information (Partnerships, Unlisted Companies, Trusts & Associations only)

Tax Residency Information (mandatory unless previously provided)

- Please provide all countries where you are a resident for tax purposes; and Tax Identification Number (TIN) for each country of tax residency; or
- Select one of the below reasons:
 - a. My country of tax residency does not issue TINs
 - b. I have not been issued with a TIN by my country of tax residency
 - c. My country of tax residency does not require disclosure of a TIN
 - d. TIN information will be provided later (If this reason is selected, account operations might be impacted until TIN is provided).



Note

If you are a resident or citizen of the US, it is **mandatory** to include US as a country of tax residency.

Tick (✓) the box that is applicable

Australia only country of tax residency

Australia and/or Other Countries ▶ If you tick this box, please complete the below:

| Country/ies of Tax Residency Please list country/ies of tax residency. | Tax Identification Number (TIN) or Reason for no TIN Please provide a TIN for each country of tax residency or select one of the reasons for no TIN (Refer to options a, b, c, d above) If Australia is a country of tax residency, please select reason C. |
|---|---|
| | |
| | |
| | |

Individual Customer Declaration

- I confirm that above information is true and correct and that I will promptly advise the Bank if the information changes.
- I certify that I am the named person or am authorised to provide this information on their behalf.

Signature

Date (DD/MM/YYYY)

Section 5 – Electronic Banking (Mandatory for Capital Growth Account)

NetBank

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

NetBank Client Number 1 NetBank Client Number 2
(if applicable)

Register for NetBank access

CommBiz

Link the new account(s) to your existing CommBiz Service ID

Replicate existing CommBiz authorities and method of operation as per account

or

Add all authorisers nominated in Section 6. **Note:** Method of operation defined in Section 2 will apply.

Register for CommBiz access. **Note:** Method of operation defined in Section 2, and authorisers nominated in Section 6 will apply.

Security Token (For new CommBiz service registration only – please nominate form of token below)

eToken

Physical Token

Account to debit CommBiz fees

CommBiz International Payment and Foreign Exchange (IPFX)

Register for a new CommBiz IPFX service using FX Approval Code

Section 6 – Persons authorised to operate on the account(s)

Declaration and Consent by Signatories (all fields mandatory)

By signing below, each Authorised Signatory consents to the Bank obtaining personal information to verify his or her personal details and to use and disclose personal information as detailed in the section(s) on 'Privacy' in the Terms and Conditions document for this account.

I/We declare that the details as shown on this form are complete and correct and that I will advise the Bank if these details change. I/we understand it is a serious offence to provide false or misleading information.

Authorised signatory 1

Title Mr Mrs Miss Ms Other

Full given name(s)

Surname

Other names known by (if any)

Position (e.g. Director/Partner)

Date of birth
(DD/MM/YYYY)

Occupation

Personal address (PO Box is not acceptable)

State

Postcode

Personal postal address (**Note:** This will not be applied to account addresses. To update account addresses please contact Banker)

State

Postcode

Email address

Telephone number

Customer (CIF) ID (Bank use only)

Existing CBA Account number

Signature

Date (DD/MM/YYYY)

Authorities

CommBiz Authoriser

Primary Contact*

X

***Note:** The Primary Contact will be set up as the CommBiz Administrator, Service Delegate and Primary Service Contact for new CommBiz services only – You can only have one Primary Contact per account.

Authorised signatory 2

Title Mr Mrs Miss Ms Other

Full given name(s)

Surname

Other names known by (if any)

Position (e.g. Director/Partner)

Date of birth
(DD/MM/YYYY)

Occupation

Personal address (PO Box is not acceptable)

State

Postcode

Personal postal address (**Note:** This will not be applied to account addresses. To update account addresses please contact Banker)

State

Postcode

Email address

Telephone number

Customer (CIF) ID (Bank use only)

Existing CBA Account number

Signature

Date (DD/MM/YYYY)

Authorities

CommBiz Authoriser

X

Section 6 – Persons authorised to operate on the account(s) (continued)

Authorised signatory 3

Title Mr Mrs Miss Ms Other

Full given name(s) Surname

Other names known by (if any) Position (e.g. Director/Partner) Date of birth (DD/MM/YYYY)

Occupation

Personal address (PO Box is not acceptable)

State Postcode

Personal postal address (**Note:** This will not be applied to account addresses. To update account addresses please contact Banker)

State Postcode

Email address Telephone number

Customer (CIF) ID (Bank use only) Existing CBA Account number

Signature Date (DD/MM/YYYY) **Authorities** CommBiz Authoriser

X

Authorised signatory 4

Title Mr Mrs Miss Ms Other

Full given name(s) Surname

Other names known by (if any) Position (e.g. Director/Partner) Date of birth (DD/MM/YYYY)

Occupation

Personal address (PO Box is not acceptable)

State Postcode

Personal postal address (**Note:** This will not be applied to account addresses. To update account addresses please contact Banker)

State Postcode

Email address Telephone number

Customer (CIF) ID (Bank use only) Existing CBA Account number

Signature Date (DD/MM/YYYY) **Authorities** CommBiz Authoriser

X

If additional signatories are required refer to form 004-432

Section 7 – Business Visa Debit Cards



Note

- Only eligible account types with “Any one of the authorised signatories to operate” can apply for a debit card.
- If you select card(s) for an account(s) with “Any two of the signatories to operate” or specified as “Other”, we will not order a card(s).

Apply for a Business Visa Debit Card

I/We are applying for a debit card

I/We agree for the Bank to send me/us a Business Visa Debit Card

I/We have ticked the appropriate box/es below to confirm this request.

- Authorised signatory 1
- Authorised signatory 2
- Authorised signatory 3
- Authorised signatory 4

Section 8 – Declaration and Acknowledgement

I/We have read a copy of the Terms and Conditions for this/these account(s), and the terms of this application, and agree that they govern the operation of this/these account(s).

I/We confirm that the Bank is authorised:

- To permit the authorised signatories noted in Section 6 to have access and to transact on this/these accounts through NetBank/CommBiz, or (if selected) allow the same authorised signatories from the account specified in Section 5 to do so.
- To act upon this authority or any subsequent variation, until the Bank receives notice in writing to cancel it from us or any one of us in accordance with the method of operation.
- If applicable, I/We agree that operation of, and access through, CommBiz International Payment and Foreign Exchange (IPFX) is subject to IPFX Terms and Conditions including special Terms and Conditions for foreign exchange and the Bank’s usual terms and conditions applicable to my accounts. I acknowledge having read the IPFX Terms and Conditions and special Terms and Conditions for foreign exchange which are located in the Product Disclosure Statement for CommBiz International Payment and Foreign Exchange.
- I/We consent to the Bank obtaining personal information to verify personal details and disclose personal information as detailed in the section(s) on ‘Privacy’ in the Terms and Conditions document for this account.
- I/We declare that the details as shown on this form are complete and correct and that I/We will advise the Bank if these details change. I/We understand it is a serious offence to provide false or misleading information.

Business/Organisation entities

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 or by signature of the Trustee for the opening, amendment and/or operation of the account(s) in the name(s) and manner set out in this authority. Where the accountholder is a Trustee Custodian, the trust deed/custody agreement authorises the opening and operation of the account(s) in the manner set out in this authority.

Person(s) authorised to sign declaration

Signed for and on behalf of: (entity name if a Trust, include Trustee/Custodian name and full trust name)

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

ACN/ABN/ARBN

Type of entity

By: (name of duly authorised person)

Position (e.g. Director/Partner)

Signature of duly authorised person

By: (name of duly authorised person)

Position (e.g. Director/Partner)

Signature of duly authorised person

Additional organisations attached on following page

Section 9 – 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.

Section 10 – ABN/ARBN/TFN information (including Trusts)

This section of the form does not apply to non-interest bearing accounts marked with a # in Section [1]. For other accounts, under the Income Tax Assessment Act, the Bank is authorised to collect a Tax File Number (TFN). However, you are not required to (and it is not an offence) if you do not provide a TFN for the account. If you do not provide a TFN, the Bank may be required by law to withhold a portion of the interest earned on the account.

Organisation 1

Name of organisation

Tax File Number or ABN/ARBN or exemption category

Organisation 2

Name of organisation

Tax File Number or ABN/ARBN or exemption category

Bank or Agent use

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

Authorised signatory 1 Existing account number captured in Section 6

| Document type | Document number | Place of issue | Issue date (DD/MM/YYYY) | Expiry date (DD/MM/YYYY) |
|---------------|-----------------|----------------|----------------------------|-----------------------------|
| | | | | |
| | | | | |

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 6

| Document type | Document number | Place of issue | Issue date (DD/MM/YYYY) | Expiry date (DD/MM/YYYY) |
|---------------|-----------------|----------------|----------------------------|-----------------------------|
| | | | | |
| | | | | |

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 6

| Document type | Document number | Place of issue | Issue date (DD/MM/YYYY) | Expiry date (DD/MM/YYYY) |
|---------------|-----------------|----------------|----------------------------|-----------------------------|
| | | | | |
| | | | | |

Verification has been performed for the customer: Full name, and Date of birth, or Residential address

Authorised signatory 4 Existing account number captured in Section 6

| Document type | Document number | Place of issue | Issue date (DD/MM/YYYY) | Expiry date (DD/MM/YYYY) |
|---------------|-----------------|----------------|----------------------------|-----------------------------|
| | | | | |
| | | | | |

Verification has been performed for the customer: Full name, and Date of birth, or Residential address

Bank or Agent use (continued)

Checklist

1. New account(s) number has been recorded under Section 1 Account Details.
2. Method of Operation set up correctly in CommSee.
3. Applicants for NetBank or CommBiz and/or CommBiz IPFX linkage/registration request complete/sent.
4. Business Telephone Password and TFN(s) blacked out.
5. All Card/NetBank linkages removed if signatories updated.
6. FSG/Terms and Conditions and CommBiz IPFX PDS provided where applicable and CommSee noted accordingly.
7. Director(s) and beneficial owner(s) information collected.
8. For a Business Foreign Currency Account customers must be 18 years or older and hold at least one existing AUD account with us.
9. Business Visa Debit Cards have been ordered where applicable.

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 (DD/MM/YYYY)

Branch Stamp/BSB

| |
|---|
| X |
|---|