

- 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.

**Part 1 - Account Details**

Branch No.	Account Number	Name of Account
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Account type (Please tick appropriate box)

Business Cheque Account

Interest Bearing Cheque Account

Term Deposit

**Part 2 - Electronic Banking Option**

**Direct Banking**

Link your new account(s) to your existing Direct Banking Facility

Direct Banking Account 1

Direct Banking Account 2

Direct Banking Account 3

Register for Direct Banking Access

**Access Level**

Account Number	Name	Access Level	Email	View	Initiate	Authorise
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to appoint an administrator to manage your future Direct Banking access levels?

Yes

No

**Part 3 - Persons Authorised to operate on the account(s)**

**Declaration and Consent of 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 the application. His or her signature below indicates his or her acknowledgement and consent to the use of and disclosure of his or her personal information as details 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.

**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.

Full Given Name(s)

Surname

Other Names, known by(if any)

Title(e.g. Director/Partner)

Date of Birth

Signature

Date

#### Part 4 - Method of Operation(Please choose one of the below options)

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

Any 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)

Others(specify)

#### Person Authorised to operate on the account(s) continued

##### Authorised Signatory 1

Full Given Name(s)

Existing BRED Account number

Title(e.g. Director/Partner)

TIN Number

Telephone Number

Date of Birth

Residential Address

Identification Document

Document Number

Issue Date

Expiry Date

Signature

Date

Surname

Photo

Left Thumb Print

Email Address

##### Authorised Signatory 2

Full Given Name(s)

Existing BRED Account number

Title(e.g. Director/Partner)

TIN Number

Telephone Number

Date of Birth

Residential Address

Identification Document

Document Number

Issue Date

Expiry Date

Signature

Date

Surname

Photo

Left Thumb Print

Email Address

##### Authorised Signatory 3

Full Given Name(s)

Existing BRED Account number

Title(e.g. Director/Partner)

TIN Number

Telephone Number

Date of Birth

Residential Address

Identification Document

Document Number

Issue Date

Expiry Date

Signature

Date

Surname

Photo

Left Thumb Print

Email Address

## Person Authorised to operate on the account(s) continued

### Authorised Signatory 4

Full Given Name(s)

Existing BRED Account number

Title(e.g. Director/Partner)

TIN Number

Telephone Number

Date of Birth

Residential Address

Identification Document

Document Number

Issue Date

Expiry Date

Signature

Date

Surname

Photo

Left Thumb Print

Email Address

### Authorised Signatory 5

Full Given Name(s)

Existing BRED Account number

Title(e.g. Director/Partner)

TIN Number

Telephone Number

Date of Birth

Residential Address

Identification Document

Document Number

Issue Date

Expiry Date

Signature

Date

Surname

Photo

Left Thumb Print

Email Address

### Authorised Signatory 6

Full Given Name(s)

Existing BRED Account number

Title(e.g. Director/Partner)

TIN Number

Telephone Number

Date of Birth

Residential Address

Identification Document

Document Number

Issue Date

Expiry Date

Signature

Date

Surname

Photo

Left Thumb Print

Email Address

## Part 5 - 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 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 Proprietors(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 of Chairperson or Authorising Officer

Signed for and on behalf of: (entity name)

By: (name of duly authorised)	Title (e.g. Director/Partner)	Signature of Duly authorised Person
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
By: (name of duly authorised)	Title (e.g. Director/Partner)	Signature of Duly authorised Person
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

**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)/Custodians(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)	Trustee/Custodian Signature(Individual or Director and Secretary or Sole Director)
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Full name of Trustee/Custodian(Individual or Company)	Trustee/Custodian Signature(Individual or Director and Secretary or Sole Director)
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

**Checklist**

- 1. New Account(s) number has been recorded under Section I Account Details
- 2. Method of Operation set up correctly
- 3. BRED Online – linkage/registration request complete/sent
- 4. All BRED Online linkages removed if signatories updated

**Bank Use Only**

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 compiled with.

Stage	Officer Name	Signature	Date
Processing	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Authorisation	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

Additional Notes: