Commonwealth Bank
Commonwealth Bank of Australia
ABN 48 123 123 124 AFSL 234945
Australian credit licence 234945

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.
- Changes to existing Electronic Account Authorities for CommBiz 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.
- The Bank is required to collect tax residency information from you and will require this information if it has not already been provided before opening an account.

Section 1 – Account details

	BSB number	Account number	Name of account
1			
2			
3			

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 as the STA Billing Account for debiting any fees, charges and other STA Billing Amounts as provided for in the account Terms and Conditions.

BSB number	Account number	Name of account
06		

☐ Society Cheque Account#

☐ Business Online Saver

☐ Business Investment Account ☐ Flexi Business Investment Account

☐ Business Foreign Currency Account ▸ Currency code(s)

☐ 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 complex authorities, indicate the categories (A, B, C, etc.) and the required number of signatories.

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

Statement delivery method:

☐ Online ☐ Paper

Note: Paper statement fees may apply. Please refer to the latest accounts' Terms and Conditions or visit our website commbank.com.au/important-info

Nominated business mailing address (required):

State ▾ Postcode

Note: We will use this address to correspond with your business, and the address will be visible to anyone with access to view correspondence online or by mail.

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 – Electronic Banking (Mandatory for Capital Growth Account and Business Online Saver)

NetBank

☐ Add all authorised operators nominated in Section 6 to NetBank. The method of operation defined in Section 2 will apply.

CommBiz

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

☐ Replicate existing CommBiz authorities and method of operation as per account 06

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. New registrations will use eTokens which can be accessed through CommBiz Mobile as the default security token.

☐ Opt-out of eToken and use physical tokens instead (delivery times apply).

Account to debit CommBiz fees 06

CommBiz International Payment and Foreign Exchange (IPFX)

☐ Register for a new CommBiz IPFX service using FX Approval Code

Section 5 – Business Visa Debit Cards

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 under section 6 to confirm this request.

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 the account(s).

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.

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

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 if different from above
(**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 | Transaction Limit (if applicable)^ $

Signature ✗ | Date (DD/MM/YYYY) | Signatory Category (if applicable)
e.g. A, B, C

Authorities ☐ CommBiz Authoriser ☐ Primary Contact* ☐ NetBank ID
☐ Register for NetBank (if not currently registered) ☐ Order a Business Visa Debit Card

***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 if different from above
(**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 | Transaction Limit (if applicable)^ $

Signature ✗ | Date (DD/MM/YYYY) | Signatory Category (if applicable)
e.g. A, B, C

Authorities ☐ CommBiz Authoriser ☐ NetBank ID
☐ Register for NetBank (if not currently registered) ☐ Order a Business Visa Debit Card

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 if different from above
(**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 | Transaction Limit (if applicable)^ $

Signature ✗ | Date (DD/MM/YYYY) | Signatory Category (if applicable)
e.g. A, B, C

Authorities ☐ CommBiz Authoriser ☐ Register for NetBank (if not currently registered) ☐ NetBank ID ☐ Order a Business Visa Debit Card

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 if different from above
(**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 | Transaction Limit (if applicable)^ $

Signature ✗ | Date (DD/MM/YYYY) | Signatory Category (if applicable)
e.g. A, B, C

Authorities ☐ CommBiz Authoriser ☐ Register for NetBank (if not currently registered) ☐ NetBank ID ☐ Order a Business Visa Debit Card

^**Note:** Transaction limits set forth in this form only apply to assisted transactions carried out in branch or over the phone. To set or manage transaction limits for CommBiz online transfers, please refer to your CommBiz service.

If additional signatories are required refer to form 004-432

Section 7 – 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).

If this is an authority for a Statutory Trust Account, I/we confirm that either:

- I/We are the holder of the account nominated as the STA Billing Account; or
- I/We are authorised signatories of the account nominated as the STA Billing Account, and have the authority of the holder of that account to nominate it for that purpose.

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 4 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 to accounts through IPFX is subject to the CommBiz Terms and Conditions, the Terms and Conditions relating to the use of IPFX and Special Terms and Conditions relating to FX for IPFX Users and the Bank's usual terms and conditions applicable to my accounts. I/We acknowledge having read the CommBiz Terms and Conditions, the Terms and Conditions relating to the use of IPFX and Special Terms and Conditions relating to FX for IPFX Users which are available at **commbiz.com.au**.
- 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 the account(s).
- 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, 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 or custodian for the opening, amendment and/or operation of the account(s) in the name(s) and manner set out in this authority. Where the account holder is a trustee (other than in respect of a Statutory Trust Account) or custodian, the trust deed or custody agreement (as applicable) 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 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 For informal partnerships, all partners are required to sign.
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

X

By: (name of duly authorised person)

Position (e.g. Director/Partner)

Signature of duly authorised person

X

☐ Additional organisations attached on following page

Section 8 – 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 9 – 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.
- ☐ 10. Common Reporting Standards information is recorded in CommSee.

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

X

Date (DD/MM/YYYY)

Branch Stamp/BSB