



## ANZ Diskpay Registration Form

### Customer Agreement

To: Australia and New Zealand Banking Group Limited  
[insert address]

By signing below, I/We (the "Customer"):

**Legal Entity Name:**

**Business or Company Registration Number:**

**Business Address:**

**Account Number:**

**Phone:**

**Name of Authorised Officers and their e-mail addresses which ANZ will accept instructions for ANZ Diskpay purposes:**

- |    |                       |
|----|-----------------------|
| 1. | <b>email address:</b> |
| 2. | <b>email address:</b> |

hereby acknowledge and agree that I/We:

- (a) have read and understood the ANZ Diskpay Terms and Conditions and agree to be bound by them; and
- (b) declare that all information provided in this document is true and correct.

I/We further agree that in the event of any inconsistency between the English language and the other language of this document, the English version shall prevail to the extent of the inconsistency.

**Dated:**

Signed for and on behalf of the Customer:

.....  
Signature of Authorised Representative

.....  
Signature of Authorised Representative

.....  
Name of Authorised Representative

.....  
Name of Authorised Representative

Rubber Stamp of Business or Company Seal :