



REQUEST FOR APPLICATION/AMENDMENT/CANCELLATION FORM

I would like to: Apply Amend* Cancel

Existing Applicant Reference No.

APPLICANT DETAILS

Applicant Name

ABN/ARBN/Registration Number

Applicant Company

Address/PO Box

City

Suburb

State

Postcode

Country

Telephone Number

Authorised Contact Name

Position

GUARANTEE DETAILS

Amount to be guaranteed (over A\$1 million)

Expiry Date (optional)

A\$

(Refer to www.anz.com for full listing of eligible ANZ deposit products)

NOMINATED FEE ACCOUNT DETAILS

Account Name

BSB

Branch Code (Non-Aus)

Account number

Please note that a Direct Debit Request Form must be completed if fees are to be debited from a Non ANZ account.

CANCEL EXISTING COVERAGE

Cancellation will be effective immediately upon receipt by ANZ of a correctly completed and executed form.

DECLARATION

I/We acknowledge and agree as follows

- I/we have read and agree to comply with the ANZ Terms and Conditions – Australian Government Deposit Guarantee Scheme (Terms and Conditions) in addition to the applicable ANZ deposit product terms and conditions;
- I/we confirm that I/we are authorised to approve a direct debit from the ANZ account nominated at Item 1
- I/we have authority to execute this Application on behalf of the Applicant; and
- I/we request ANZ to debit the Guarantee Fee from the ANZ account nominated at Item 1. I/we agree to ANZ charging the Guarantee fee in accordance with the Terms and Conditions and to the extent that there may be any requirement in any ANZ deposit product terms and conditions to provide notice for the introduction of a fee, I/we acknowledge and agree to waive these requirements in relation to the Guarantee fee.

Applicant Full Name

Applicant Full Name (where two signatures required for account operation)

Position

Position

Signature

Signature

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)



REQUEST FOR APPLICATION/AMENDMENT/CANCELLATION FORM CONT'D

SCHEDULE 1

Convert foreign currency amounts using the RBA 4pm exchange rate (see Terms and Conditions).

Currency	Amount	AUD equivalent
AUD		
AED		
CAD		
CHF		
DKK		
EUR		
FJD		
GBP		
HKD		
INR		
JPY		
NOK		
NZD		
QAR		
SEK		
SGD		
THB		
USD		
XPF		
ZAR		
Total		

Insert Total at Item 1.

Please forward to: ANZ – Australian Government Deposit Guarantee Scheme



Fax: 1800 289 886

* Please note that any changes to your address will only apply for the Guarantee. If you wish to amend your contact details for your accounts, please contact ANZ.

Office USE ONLY

Date <input type="text"/> <input type="text"/> <input type="text"/>	Managers Name <input type="text"/>	Contact Number <input type="text"/>
CPID <input type="text"/>	Business Unit/Branch <input type="text"/>	Application reference number <input type="text"/>