

The Manager  
Australia and New Zealand Banking Group Limited  
ABN 11 005 357 522

Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_  
(Name in full)

of \_\_\_\_\_  
(Address)

declare that I am the true owner of Bank Cheque No. \_\_\_\_\_ dated \_\_\_\_\_

in favour of \_\_\_\_\_ for \$ \_\_\_\_\_ drawn

on Australia and New Zealand Banking Group Limited \_\_\_\_\_ ("Bank Cheque").  
(branch)

I represent and warrant to ANZ that the Bank Cheque has been lost or stolen.

I hereby request you to

\* refund the amount of the Bank Cheque; or

\* issue me with a fresh Bank Cheque in place of the one lost/stolen.

In consideration of your compliance with this request, I hereby undertake to hold you harmless and keep you indemnified from and against:

- all liabilities, losses, costs, fees and expenses or damages you may sustain or incur or be put to in connection with or in consequence of the Bank Cheque being at any time paid or presented for payment (including, without limitation, by reason of an error or negligence on the part of ANZ, its employees, servants and agents);
- all claims, actions suits, proceedings and demands which may be made by any person or persons claiming to be legal holders of the Bank Cheque or in any way interested in it;
- all suits, actions, costs, fees, losses and expense incurred, suffered or expended by ANZ as a consequence of any breach of the warranty, representation and undertakings here in provided; and I promise to and engage to pay such losses, costs and damages on demand.

I further undertake to return the Bank Cheque to you should I find it or if it comes into my possession at any time.

#### **Privacy and Confidentiality Acknowledgment**

In the following passages dealing with the collection, use and disclosure of your personal information, reference to "the ANZ Group" means Australia and New Zealand Banking Group Limited and its related companies (including subsidiaries).

**Privacy and Confidentiality Acknowledgment (cont.)**

We are collecting your information in order to deal with your request in relation to a lost or stolen Bank Cheque. Without this information we may not be able to consider or approve your request. By signing this form, you acknowledge and agrees that:

- (a) we may also use and disclose your information: to help us provide or tell you about other products or services which may interest you; for our internal administration and operations; and, for market or customer satisfaction research; and
- (b) we may disclose your information to credit reporting or debt collecting agencies; our alliance partners, agents, contractors and advisors; and to other parties authorised and/or required by law to collect your information.

You may request access to your information at any of ANZ's branches. Access will be granted in accordance with the Privacy Act 1988 for a fee. If any of your information is inaccurate, you may request that it be corrected.

We may contact you from time to time about products and services of ANZ, its subsidiaries and those of its corporate partners that may interest you. If you do not wish to receive this material, please tick the box below.

Please note: If you exercise this option, we will be unable to contact you by mail or telephone to provide you with any information, about products and services that may benefit you.

Dated \_\_\_\_\_ (Date) \_\_\_\_\_ (Signature)

Witnessed by

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Print name of witness)

\* Delete if inapplicable