



COMPANY OR INCORPORATED BODY

Business Name

Date (DD/MM/YYYY)

(insert trading name ('trading as') if trading under a business name.

ACN/ABN

To: Australia and New Zealand Banking Group Limited ABN 11 005 357 522 ('ANZ')

We certify that the following resolution was passed at a meeting of the board of Directors of the Customer on and has been recorded in the minute book.

Resolved that:

The Directors inform you that the business address has changed.

FOR INDIVIDUALS (INCLUDING SOLE PROPRIETOR, FIRMS, PARTNERSHIPS)

Business Name

Date (DD/MM/YYYY)

(insert trading name ('trading as') if trading under a business name).

1. CHANGE OF BUSINESS ADDRESS

Original business address

Please fill in details below for the existing business addresses that will need to change

Business address:

Street (including street number)

Suburb/town

State

Postcode

Registered office address (if different from above):

Street (including street number)

Suburb/town

State

Postcode

Postal address:

Street (including street number)

Suburb/town

State

Postcode

New business address

Please fill in new business address details below. For those details that remain the same, please leave the field blank.

Business address:

Street (including street number)

Suburb/town

State

Postcode

Registered office address (if different from above):

Street (including street number)

Suburb/town

State

Postcode

Postal address:

Street (including street number)

Suburb/town

State

Postcode

NEW CONTACT DETAILS

Please fill in details below for the contact details, which have changed. (For those that remain the same, please leave the field blank.)

Business telephone number:

Business fax number:

Business mobile number:

2. LINKED ACCOUNT DETAILS

Do you want the change of business address(es) that you informed us of above to apply to all accounts linked to this business name?

Yes No If no, to which accounts will the change of business address information apply?

Account number one:

Account Name

Account Number

BSB

Account number two:

Account Name

Account Number

BSB

Account number three:

Account Name

Account Number

BSB

CUSTOMER SIGNATURE - COMPANY OR INCORPORATED BODY

Chairman/Director/Other authorised officer's signature

Secretary/Other authorised officer's signature

Note: To be signed by the Chairman/Director and Secretary where the Customer is a company. If the Customer is an incorporated Society, incorporated Lodge, etc, the form should be signed by those parties nominated under the Rules/Constitution as governing the body, including one party who holds the deciding vote in the case of tied votes.



REQUIRED SIGNATORIES - INDIVIDUAL (INCLUDING SOLE PROPRIETOR, FIRMS, PARTNERSHIPS)

This section must be signed in accordance with the signing authorities that you have advised to ANZ. eg: if two or more signatures are required.

| Full name (surname first) | Office/title | Specimen signature |
|---------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Full name (surname first) | Office/title | Specimen signature |
|---------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Full name (surname first) | Office/title | Specimen signature |
|---------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Full name (surname first) | Office/title | Specimen signature |
|---------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Full name (surname first) | Office/title | Specimen signature |
|---------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

ANZ OFFICER WHO COMPLETED THIS AUTHORITY

I have checked:

- that all sections of this form have been properly completed
- the customer(s) signature(s) above against the branch signature card and I am satisfied that they match

| Salary number | Surname | Given name | Signature |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| BSB number | Date received | Recorded by | Checked by |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |