Australian Property Loan Application Form



Please attach the fo	llowing documents:			Important information	on to not	e:			
Please attach the following documents: Photocopies of NRIC or Passport of all applicants Employment Pass for foreigners For Employees: latest computerised payslip and latest Income Tax Notice of Assessment (NOA) For self-employed: latest Income Tax Notice of Assessment (NOA) For commissioned based: latest 6 months commission statements and latest Income Tax Notice of Assessment (NOA) Copy of sale contract (Purchase only) Valuation fee acknowledgement form Foreign Investment Review Board (FiRB) approval (For non-Australian and New Zealand citizens) Latest housing loan statement showing last 12 months of loan repayments (For refinancing) Copy of building insurance policy Please complete all fields and tick ☑ where appropriate. MAIN ACCOUNT HOLDER				 Important information to note: If you wish to have a free credit report, you may obtain it within 30 calendar days from the date of approval or rejection of this application via the credit bureau website (www.creditbureau.com.sg). Alternatively, you may bring the approval or rejection letter and your NRIC to Credit Bureau (Singapore) Pte Ltd, 2 Shenton Way #20-02 SGX Centre 1 Singapore 068804 to obtain a free credit report. You can now print your Notices of Assessment at myTax Portal with your SingPass or IRAS PIN. The service is free. Log on to https://mytax.iras.gov.sg for more details.With photocopies of documents, the Bank will need to sight the original documents upon acceptance of our Facility Letter. The Bank also reserves the right to request additional supporting documents, where necessary, at any time during the loan application process. 				the credit nay bring lingapore) o obtain a ith your iras.gov.sg eed to sight ne Bank	
US Person Declaration Yes¹ No²				Relationship to Mair		ant			
	iii Les. Livo-			US Person Declaration Yes¹ No²					
A. Personal Details New Client	Existing Client			A. Personal Details New Client		ing Client			
I New Client	(Any new information pro			New Client	(Any ne	ew information p			
	as a request to update yo		s in the Bank's records)			quest to update y			Bank's records)
Mr Mrs M Full name as in NRIC	dm Miss Dr Passport	Others		☐ Mr ☐ Mrs ☐ N Full name as in NRIC		Miss Dr	Othe	rs	
Surname				Surname					
First/Given Name				First/Given Name					
Gender	Male Female			Gender	Male	Female			
NRIC/Passport Numb				NRIC/Passport Num					
Passport Expiry Date (Not applicable to Singapo Date of Birth Nationality	re Citizens)	M Y Y Y Y	Y	Passport Expiry Date (Not applicable to Singap Date of Birth Nationality			M Y Y	Y Y Y Y Y Y Y Y Y Y	
Singapore Citizen				Singapore Citize	n				
Singapore PR, Nat	tionality		(Please specify)	Singapore PR, Na	ationality	,		(Plea	ase specify)
Foreigner, Nation	ality		(Please specify)	Foreigner, Nation	nality			(Plea	ase specify)
Australia or New Zea	land tax resident?			Australia or New Ze	aland tax	x resident?			
No	Yes		(Please specify)	No	Yes			(Plea	ase specify)
Marital Status	Single Married	l Others		Marital Status	Single	e Marrie	d Oth	ers	
Mother's Maiden Na				Mother's Maiden Na					
Highest Education R			11.2	Highest Education F				.1/0 11	
Primary Diploma	Secondary Degree	A Level/Pre Others	-University	Primary Diploma	Degr	ndary ee	Other	el/Pre-Univ ′s	ersity
No. of Dependents				No. of Dependents					
Permanent Residenti (Must not be a PO Box ad		other ID documen	nt)	Permanent Residen (Must not be a PO Box a			other ID do	ocument)	
Country		Postal Code		Country			Postal C	ode	
Mailing Address (Plea	se state if different from a	above) Ho	me Office	Mailing Address (Ple	ease state if	f different from	above)	Home	Office
Country		Postal Code		Country			Postal (Code	
Length of Stay at Ado	dress	Year(s)	Month(s)	Length of Stay at Ac	ddress		Year(s)		Month(s)
¹ I am a U.S. citizen, resident ² I acknowledge that I am a				aving substantial physical pres	sence in the	U.S. or for any o	ther reason.		

Contact Details (Please provide mobile number & 1 alternative number) Home Mobile Office Fax Office Fax Email Applicable only for non-Singapore Citizens Overseas Permanent Address Contact Details (Please provide mobile number & 1 alternative Home Mobile Office Fax Email Applicable only for non-Singapore Citizens Overseas Permanent Address	per month
Fully owned	ners
Employer-provided Rented \$\$ per month Employer-provided Rented \$\$ Parents Others (Please specify) Parents Others (Please specify) Property Type Bungalow Semi-detached Bungalow Semi-detached HDB Condominium Apartment Terrace Others Contact Details (Please provide mobile number & 1 alternative number) Home Mobile Home Mobile Office Fax Office Fax Email Applicable only for non-Singapore Citizens Overseas Permanent Address Others (Please specify) Parents Others Others Others Semi-detached Bungalow Semi-detached Bungalow Semi-detached Bungalow Semi-detached Bungalow Semi-detached Condominium Apartment Terrace Others Contact Details (Please provide mobile number & 1 alternative D	ners
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Office Fax Email Applicable only for non-Singapore Citizens Overseas Permanent Address Office Fax Email Applicable only for non-Singapore Citizens Overseas Permanent Address	
Email Applicable only for non-Singapore Citizens Overseas Permanent Address Overseas Permanent Address Email Applicable only for non-Singapore Citizens Overseas Permanent Address	
Applicable only for non-Singapore Citizens Overseas Permanent Address Overseas Permanent Address Overseas Permanent Address	
Overseas Permanent Address Overseas Permanent Address	
Country Postal Code Country Postal Code	
Overseas Phone Numbers (country code) (area code) (phone number) Overseas Phone Numbers (country code) (area code) (phone number)	
B. Employment B. Employment	
Name of Company Name of Company	
Company Address Company Address	
Occupation Occupation	
Job Title/Position/Designation Job Title/Position/Designation	
Job Status Employed Commission-based Job Status Employed Commission	on-hased
	% Shareholding
	70 Shareholaling
Others (Please specify)	
Length of Employment Year(s) Month(s) Length of Employment Year(s)	Month(s)
Basic Income S\$ Basic Income S\$	
Commission/Bonus Income S\$ Commission/Bonus Income S\$	
Rental Income S\$ Rental Income S\$	
Other Income (Please specify) S\$ Other Income (Please specify) S\$	
Total Monthly Income S\$ Total Monthly Income S\$	
Nature of Business/Industry Nature of Business/Industry	
Banking/Finance Government Banking/Finance Government	
Building/Construction Travel/Hospitality Building/Construction Travel/Hospitality	
□ IT/Communications □ Retail/F&B □ IT/Communications □ Retail/F&B	
Manufacturing Others (Please specify) Manufacturing Others (Please specify)	
Please complete the following if your current employment is less than one year. Please complete the following if your current employment is	is less than one yea
Name of Previous Employer Name of Previous Employer	
	Month(s)
Years in Service Year(s) Month(s) Years in Service Year(s)	
Years in ServiceYear(s)Month(s)Years in ServiceYear(s)Basic IncomeS\$Basic IncomeS\$	
Basic Income S\$ Basic Income S\$	

C. Details Of Property To Be Finance	1/Refinanced		
Address of Security Property (Austra			
Unit/House No.	Street Name		
Suburb	State	Postal (Code
Property purchased in the name of	State	r ostar (couc
	obtained from	Sale Contract Customer's Own Estimat	•
Property Value A\$ Date of Purchase D D M M	Y Y Y Y	Sale Contract	te
Property Type (Residential)			
House Townhouse	Unit Apartment (Please specify)	(sqm)	
Property Use			
	t: Estimated rental per month A\$		
Solicitor/Conveyancing Company De	tails		
Name of Solicitor/Conveyancing Com	pany		
Business Address			
		Postal Code	
Office Number (country code) (area code)	(phone number) Fax Number (co		
D. Your Financing Requirements			
New Purchase			
Purchase Date D D M M M	V . V . V . V	Required Settlement Date	M _I M Y _I Y _I Y _I Y
Purchase Price \$		Required Finance Date	M M Y Y Y Y
		Currency A\$	S\$
Deposit Paid \$, and the second	
Property Loan required \$	over Varanta 5	Years	
Interest only term required (if applica	Years (Max 5 y	ears)	
Refinancing			
Existing Bank Name		Specify country	
Outstanding Balance \$		Specify currency	
Refinanced Loan Required \$	over	Years Equity Release Amount \$	
Interest only term required (if applica	years (Max		S\$
Current Property Insurance Detail	S		
Policy Holder Names			
Insurance Company Name			

E. Your Financial Details

Please list all outstanding credit facilities (include credit facilities that have been accepted and not disbursed) obtained from the HDB, a financial institution or a moneylender (singly or jointly or as guarantor).

Main Account Holder

Type of Facility (E.g. Credit Card, Personal Loan, Line of Credit, Housing Loan, Car Loan etc)	Financier	Single Borrower or Jointly with Other Borrowers or as Guarantor	Loan Outstanding	Credit Limit (If applicable)	Applicable Interest Rate	Tenure of Credit Remaining (In months)	Monthly Repayment Instalment	Collateral Details (For housing loan only)	Supporting Documents (Yes/No)
			S\$	S\$			S\$		
			S\$	S\$			S\$		
			S\$	S\$			S\$		
			S\$	S\$			S\$		
			S\$	S\$			S\$		
			S\$	S\$			S\$		
			S\$	S\$			S\$		
			S\$	S\$			S\$		

Account Holder 2

Type of Facility (E.g. Credit Card, Personal Loan, Line of Credit, Housing Loan, Car Loan etc)	Financier	Single Borrower or Jointly with Other Borrowers or as Guarantor	Loan Outstanding	Credit Limit (If applicable)	Applicable Interest Rate	Tenure of Credit Remaining (In months)	Monthly Repayment Instalment	Collateral Details (For housing loan only)	Supporting Documents (Yes/No)
			S\$	S\$			S\$		
			S\$	S\$			S\$		
			S\$	S\$			S\$		
			S\$	S\$			S\$		
			S\$	S\$			S\$		
			S\$	S\$			S\$		
			S\$	S\$			S\$		
			S\$	S\$			S\$		

Assets

	Main Account Ho	lder	Account Holder 2		
	Details	Value	Details	Value	
Bank accounts		S\$		S\$	
Properties owned and estimated value		S\$		S\$	
Shares		S\$		S\$	
Government bonds		S\$		S\$	
Other assets/investments		S\$		S\$	
Total		S\$		S\$	

Property Loan Applicant Confirmation And Declaration

By signing and submitting this Property Loan application:

E Servicing Account Application

- 1. I/We agree to execute such forms, agreements and facility letters as may be required in connection with the application, and agree to bear such fees and charges as may be required by the Bank from time to time in connection with the application;
- 2. I/We hereby declare that all statements, documents and information provided in this application are true and complete. If any information given herein becomes inaccurate or changes in any way, whether before this application is approved or whilst the facility is outstanding, or while my/our account(s) with the Bank are still open, I/we will promptly notify the Bank of such changes;
- 3. I/We hereby confirm that I/we have declared all the outstanding credit facilities (include credit facilities that have been accepted and not disbursed) that I/we have obtained from the HDB, a financial institution or a moneylender (singly or jointly or as guarantor);
- 4. I/We authorise the Bank to obtain and verify any information provided in this application or my/our credit standing from anyone the Bank may consider appropriate in Singapore or elsewhere (including but not limited to checks with any credit bureau recognized as such by the Monetary Authority of Singapore);
- 5. I/We acknowledge that the Bank may decline my/our application without giving me/us any reason(s) or explanation whatsoever. The statements and documents shall remain the Bank's property whether or not this application is approved;
- 6. I/We confirm that I/we am/are not an undischarged bankrupt(s) and that there are no legal proceedings commenced against me/us or any statutory demand served on me/us (whether individual or corporate) at the time of this application;
- 7. I/We authorise the Bank to disclose any information relating to me/us as may be permitted under the Banking Act Cap 19 or any other disclosure imposed by law. Where a Housing and Development Board ("HDB") flat is to be used as security for the mortgage loan, I/we irrevocably authorise the Bank to disclose any information relating to me/us as the HDB shall require. This authorisation will continue notwithstanding the application is not approved or account(s) not opened;
- 8. I/We hereby declare that I/we have not received any form of incentives including discounts, rebate or vouchers from the vendor; or obtained any loans from financial institutions or the vendor for the purchase of the property to be mortgaged, and hereby undertake to disclose such amounts, including any private arrangements with the vendor not reflected in the purchase price.

Yes, I/we³ have an existing depo	osit account with the Bank and wou	ld like to use it to service the property	loan.			
Account Name						
		Account Number				
Yes, I/we³ would like to use a 3r	d party account for the purpose of	servicing the property loan. (Please enclo	ose 3rd party Authorisation Form)			
Account Name		Account Number				
Yes, I/we³ would like to open a	deposit account with the Bank for t	he purpose of servicing the property lo	oan. (Please fill up the remaining section)			
Yes, I/we³ would like to open ar remaining section) 3Delete where applicable	n ANZ Signature Priority Banking ac	count with the Bank for the purpose of	f servicing the property loan. (Please fill up t			
G. Accounts To Open						
A\$ Accounts		ATM/Phone Banking Access	Indicator ⁴			
ANZ Australian Dollar Saving	gs Plus Account	Primary Account				
S\$ Accounts ANZ Signature Priority Bank ANZ Home Loan Current Acc	-	Primary Account Primary Account				
Source of Wealth (To be filled up by I	Main Applicant)	Source of Wealth (To be filled to	Source of Wealth (To be filled up by Joint Applicant)			
Business Income	Investment Returns	Business Income	Investment Returns			
Inheritance/Gift	Salary	Inheritance/Gift	Salary			
Savings derived from	Other (Please specify)	Savings derived from	Other (Please specify)			
Planned transaction amount (Per	month)	Planned transaction amoun	t (Per month)			
S\$10,000 & below	S\$10,001 to 50,000	S\$10,000 & below	S\$10,001 to 50,000			
S\$50,001 to 100,000	S\$100,001 to 200,000	S\$50,001 to 100,000	S\$100,001 to 200,000			
Above \$\$200,000		Above S\$200,000				

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H. Banking Services								
Debit Card ⁵ (The Current and/or Savings Account selected comes equipped with an ANZ Visa Debit Card)								
Name as it should appear on the ANZ Debit Card ⁶ (Up to a maximum of 19 characters)	Point of sale ⁷ daily limit (Please select one ⁸)							
Main Account Holder	S\$0 S\$1,000 S\$2,000 S\$5,000							
Account Holder 2	S\$0 S\$1,000 S\$2,000 S\$5,000							
I/We do not wish to have the Debit Card								
☐ I would need a Cheque Book ☐ I would need a Phone Banking ⁵								
Consent to Marketing Information and Personal Data Usage								
I would like to receive marketing information and materials on products, services or eve	• •							
Banking Group Limited, Singapore Branch ("ANZ") and its authorised merchants and ago	ints, via (you may 🗸 one or both options):							
Main Account Holder Phone call SMS/MMS, fax, emai	•							
Account Holder 2 Phone call SMS/MMS, fax, emai	and postal mail							
By \checkmark this form, I consent to the chosen mode(s) of communication and agree to the Terr	ns and Conditions stated below.							
Terms and Conditions for Consent to Marketing Information and Personal Data Usage								
1. My consent given here will override my registration on the Do Not Call Registry, if applicable.								
 I consent to ANZ, its agents and service providers (in Singapore or otherwise) collecting, using, disclosing and processing my personal data, to provide me with marketing information and materials on products, services or events, provided by ANZ and its 								
authorised merchants and agents.								
 My consent applies to Singapore telephone numbers under my name in ANZ's records including new telephone numbers that I may provide or update ANZ with from time to time. 								
4. My consent given here shall be valid regardless of the success of my application.								
I/We have read and understood the declaration and authorisation section set out in 1	his form. I/We affirm the said declaration and							

agree and represent to the Bank to abide and be bound by the matters stated therein. By signing on this form, I consent to ANZ

contacting me via phone/SMS relating to my application notwithstanding any registration on the Do Not Call Registry.

⁵ Please specify ATM/Phone Banking access indicator for the account(s) opened under Section G.

Note: Please select only 1 account as Primary Account and the rest of the accounts will be linked as secondary.

⁶ If the embossed name for the card is not indicated in this form, the Bank shall use the account holder's full name, subject to character limitation on card.

⁷ Point of sale refers to purchase of goods and services at retail merchants using the ANZ Visa Debit Card.
⁸ In the absence of any point of sale daily limit specified, a default limit of \$\$2,000 will be applicable.

Account Mandate

To: Australia and New Zealand Banking Group Limited, Singapore

- I/We hereby request and authorise Australia and New Zealand Banking Group Limited, Singapore Branch (the "Bank"), to open an ANZ Bank Account which includes one or more account(s) of any kind as I/we may request the Bank in accordance with this Mandate and subsequently to open such further account(s) of any type in my/our joint names of whatever nature as I/we request (the "Account(s)") in accordance with and subject to the Bank's Terms and Conditions for ANZ Bank Account (the "Terms"), as amended from time to time by the Bank.
- The Bank is hereby authorised and instructed generally, to act on instructions given by me/us in accordance with the Terms. The Bank may, in its discretion and on such terms as the Bank may impose, allow instructions to be given by phone, fax and other form of communication and I/we shall bear the risks arising therefrom, and indemnify the Bank, as set out in the Terms.
- In the absence of contrary written instructions which the Bank may agree
 to, the conditions set out in the Terms (including, but not limited to, those
 set out in the Mandate) shall apply to each and every Account, of whatever
 nature, now or hereafter opened by the Bank or by me/us in our joint
 names
- I/We have been supplied with a copy of the Terms, the Statement of Disclosure for Joint Accounts, Risk Disclosure Statement for Investments and Schedule of Charges and agree to abide thereby.
 Where I/we have requested for Phone Banking Services and ATM Services,
- Where I/we have requested for Phone Banking Services and ATM Services, I/we confirm that I/we have read the Bank's Terms and Conditions for 24-hour Banking and agree to abide thereby
- 24-hour Banking and agree to abide thereby.
 I/We agree not to access Digital Banking unless I/we have read the Bank's Terms and Conditions for Personal Internet Banking Digital Banking and further agree to abide thereby.
- In the event of any discrepancy between this Mandate and the terms and conditions indicated in points 4, 5 and 6, the express terms of this Mandate shall prevail.
- I/We confirm that I/we have been given the opportunity to consult with my/our professional advisors before agreeing to the terms and conditions indicated in points 4, 5 and 6 and this Mandate.
- 9. I/We agree that the Bank, its agents and service providers (in Singapore or otherwise) may collect, use, disclose and/or process my/our personal data and any information relating to me/us (including but not limited to my/our Accounts, financial condition and/or transactions) in accordance with the Terms and for the purposes stipulated therein. Where personal data is to be transferred out of Singapore, I/we acknowledge and agree that the Bank will comply with the Personal Data Protection Act in doing so and take appropriate steps to ensure that the recipient of the personal data is bound by legally enforceable obligations to provide to the transferred personal data a standard of protection that is at least comparable to the protection under the Act, such that the personal data is kept secure and confidential.
- If I/we were referred to the Bank by any person, I/we acknowledge that the
 referrer may receive rewards from the Bank in respect of such referral and
 that the referrer may be able to infer my/our approximate account balance

- based on the amount of rewards awarded to the referrer, and I/we hereby consent to the Bank informing the referrer of my/our account opening and of the amount of rewards awarded to the referrer.
- 11. I/We hereby warrant that all the information and documents provided by me/us in relation to this application are true, complete and accurate in all respects.
- 12. If I/we qualify for participation in the ANZ Signature Priority Banking New Client Welcome Rewards Promotion and/or ANZ Signature Priority Banking Referral Rewards Programme, I/we agree to accept and be bound by the Terms & Conditions for ANZ Signature Priority Banking New Client Welcome Rewards Promotion and/or Terms & Conditions for ANZ Signature Priority Banking Referral Rewards Programme, both as amended and in effect from time to time ("Rewards Terms & Conditions"). A copy of the Rewards Terms & Conditions is available on the Bank's website (www.anz.com.sg) and a printed copy of the same is available upon request at any of the Bank's branches.
- 13. I/We acknowledge that it is my/our responsibility to comply with the tax obligations in the countries where I/we may have or otherwise incur such obligations (whether due to my/our nationality, tax domicile, incorporation, source of income, physical presence or otherwise) ("Jurisdictions").
- 14. I/We declare that I/we have not committed or been convicted of any tax evasion or money laundering related offences in any court of law or administrative proceedings in the Jurisdictions stated above and my/our source of funding is not the proceeds of any serious tax crime.
- the proceeds of any serious tax crime.

 15. In the event that my/our particulars provided in this application differ from my/our existing particulars in the Bank's records, I/we request that such existing particulars be updated and superseded accordingly.

Deposit Insurance Scheme: Singapore dollar deposits of non-bank depositors are insured by the Singapore Deposit Insurance Corporation, for up to \$\$50,000 in aggregate per depositor per Scheme member by law. Foreign currency deposits, dual currency investments, structured deposits and other investment products are not insured.

Custody Agreement: The Bank has arrangements with various custodians to hold the assets (excluding cash) which you have delivered or transferred through the Bank for custody. A summary of the key terms of the agreements entered into with each custodian, and/or the manner in which the custody accounts are maintained and established has been made available for your easy reference. This summary can be found on the Bank's website at www.anz.com.sg (http://www.anz.com/singapore/en/signature-priority-banking/products-services/terms-conditions-products). A copy of the Summary of Custody Agreements will be made available upon request at any of the Bank's branches.

Notification on Outsourcing of our Banking Services: Australia and New Zealand Banking Group Limited, Singapore branch ("ANZ") may from time to time engage the services of our head office, its branches, subsidiaries or affiliates and third parties (collectively "service providers") for certain outsourced activities. Whether our service providers are located in Singapore or elsewhere, they are strictly required to maintain information security and customer confidentiality to the same standard as ANZ is responsible for.

The laws in Singapore and other countries may require ANZ and our service providers to disclose information relating to ANZ's customers to relevant authorities from time to time. The circumstances under which such disclosure may be required are limited and include compulsion under law, court order, police investigations or criminal prosecutions.

ANZ Signature Priority Banking Signing Conditions For Joint Accounts (Any change to the signing condition subsequently must be notified in writing to the Bank by I/We understand that to qualify as a Signature Priority Banking client of ANZ Singapore (the "Bank"), a minimum requirement of \$\$150,000 all Account Holders) (or currency equivalent) in deposits, investments and/or insurance is required. I/ Any one of us We hereby agree that in the event my/our total balances with the Bank fall below All of us S\$150,000 (or currency equivalent), a monthly service charge and other applicable Others (Please specify) charges as per the Bank's Schedule of charges may be levied on me/us. Client Acknowledgement Name of Main Account Holder Name of Account Holder 2 Signature of Main Account Holder Signature of Account Holder 2 Date DID MIM YIYIYIY Date DID MIM YIYIYIY Please tick if you are a staff of ANZ Please tick if you are a staff of ANZ

I. Credit Card Application MY DECLARATION AND AUTHORISATION By signing this form, I/we hereby agree and represent to the Bank that: **Principal Card Applicant** $I/we ask that an ANZ \, Credit \, Card \, account \, and/or \, a \, Supplementary \, Credit \, Card(s) \, mentioned \, herein \, Credit \, Card(s) \, account \, and/or \, a \, Supplementary \, Credit \, Card(s) \, account \, and/or \, a \, Supplementary \, Credit \, Card(s) \, account \, and/or \, a \, Supplementary \, Credit \, Card(s) \, account \, and/or \, a \, Supplementary \, Credit \, Card(s) \, account \, and/or \, a \, Supplementary \, Credit \, Card(s) \, account \, and/or \, a \, Supplementary \, Credit \, Card(s) \, account \, and/or \, a \, Supplementary \, Credit \, Card(s) \, account \, and/or \, account \, ac$ I would like to apply for the following ANZ Credit Card. Cardinate and issued to me/us and with the same credit limit as assigned for both Principal Cardinember and Supplementary Credit Card holder until I/we/the Bank terminate(s) the Card(s). I/We hereby declare that the information given in this application and all the documents ANZ Optimum World MasterCard Credit Card Select your preferred category: submitted to the Bank are complete, true and accurate and belong to the Bank absolutely and that I/we have not wilfully withheld any material fact. I/We undertake to notify the Bank Dining & Leisure Travel Shopping Groceries immediately of any change in such information. Selected category will be valid for the immediate calendar quarter I/We hereby authorise and give the Bank consent to conduct credit checks on me/us (including but not limited to checks with any credit bureau recognised as such by the Monetary Authority of Singapore) and to obtain and verify and/or to disclose or release any information relating to me/us (based on the date of application approval) and the next calendar quarter. To continue enjoying 5% cash rebate9 in your preferred and/or any of my/our account(s) from or to any other party or source as the Bank may from time to time deem fit at the Bank's discretion for the purpose of this application and without any liability category, please submit your selected category by 25th of the month or notice to me/us. before the start of a new calendar quarter. I/We confirm that at the time of the application, I am not/neither of us is an undischarged ANZ Travel Visa Signature Credit Card bankrupt and no statutory demand or legal proceeding has been served on or commenced ANZ Platinum Visa Credit Card ANZ Platinum MasterCard Credit Card I/We agree to be bound by the terms of the Mandate, the Cardmember's Agreement, the Terms and Conditions Governing ANZ MoneyLine Accounts, the Terms and Conditions for 24-hour Banking, Terms and Conditions for ANZ Debit Card, Terms and Conditions for Personal Internet ANZ Switch Platinum Credit Card Effective interest rates are 25% p.a. for ANZ Optimum World MasterCard Credit Card, Banking - Digital Banking, and such other terms and conditions, including the applicable Product ANZ Travel Visa Signature Credit Card and ANZ Platinum Credit Card, and 23% p.a. for Highlight Sheet and Information Guide, as the Bank may prescribe from time to time, copies of which are available for my/our perusal at the Bank's website, upon request at any of the Bank's branches and/or which will be extended to me/us upon the Bank's approval of my/our application ANZ Switch Platinum Credit Card, and interest is subject to compounding if the monthly interest charges are not repaid in full. brain to gether with my Debit card and/or Customer Identification Number. I/We agree that the Bank, its agents and service providers (in Singapore or otherwise) may Do you have an existing ANZ Credit Card? Yes No (Please select only one) collect, use, disclose and/or process my/our personal data and any information relating to me/us (including but not limited to my/our Card Account and/or Card Transactions) in accordance with the Cardmember's Agreement, and for the purposes stipulated therein. Where personal data is to be transferred out of Singapore, I/we acknowledge and agree that the Bank will comply with the I am the Main Applicant of the ANZ Property Loan I am the Joint Applicant of the ANZ Property Loan Personal Data Protection Act in doing so and take appropriate steps to ensure that the recipient of the personal data is bound by legally enforceable obligations to provide to the transferred Name to appear on credit card (Please include surname) personal data a standard of protection that is at least comparable to the protection under the Act, such that the personal data is kept secure and confidential. If, for any reason whatsoever, the Card Account is closed (whether by me/us, the Bank or otherwise) within the period of nine (9) months from the date of opening of the Card Account, I/ we agree that the Bank shall be entitled to claim from me/us full reimbursement of the cost of any welcome gift which the Bank may have given to me/us upon approval of my/our application and/ (Maximum 18 characters) NRIC/Passport Number **Supplementary Card Applicant** or activation of my/our Card Account. I/We hereby authorise the Bank to debit the Card Account (Please select only one) for the cost of such gift (as determined by the Bank) prior to closure of the Card Account. The preferred credit limit indicated is subject to the approval of the Bank at its reasonable discretion. The Bank will assign a credit limit based on the Bank's discretion and in accordance with Joint Applicant of the ANZ Property Loan is the Supplementary Card regulatory guidelines when you select the option to allow the Bank to assign a credit limit for you. The overall credit limit of your ANZ Card(s) and ANZ MoneyLine account(s) is up to a) four times of your monthly income, b) or higher multiplier of your monthly income as may be permitted according to regulatory guidelines and is applicable to all your Credit Card account(s) and/or **Applicant** Main Applicant of the ANZ Property Loan is the Supplementary Card Applicant MoneyLine account and/or supplementary account(s). The Bank reserves the right to request for any additional documents at any time. Name to appear on credit card (Please include surname) $I/\dot{W}e\ agree\ that\ the\ approval\ of\ this\ application\ is\ subject\ to\ the\ Bank's\ discretion\ and\ that\ the$ Bank reserves the right to decline the application without giving any reason. (Maximum 18 characters) **Disclaimer:** No product or service referred to herein may be offered or sold within the United States or to or for the benefit of US Persons. Neither this document, nor any copy thereof may be sent to or taken into the United States or distributed in the United States or to a US person. The full disclaimers at our NRIC/Passport Number Billing Address (Must not be PO Box address) website at anz.com.sg are deemed to be incorporated herein. Residential Office Mailing Name of Principal Card Applicant For purposes of this application, we will be retrieving your particulars from the Bank's current record. Signature of Principal Card Applicant • Home Phone Number Residential Address • Marital Status • Mobile Phone Number Office Address Number of Dependents • Office Phone Number Mailing Address Education Level Email Address Nationality Employment Industry Date DID MIM Your credit card(s) and all future communications related to your credit card(s) will be sent to your billing address/mobile number/email address as per the Name of Supplementary Card Applicant Bank's record. Please keep us informed if any of these particulars is changed by submitting the Information Update Form which can be found at anz.com.sg Signature of Supplementary Card Applicant **My Preferred Credit Limit** You may choose to request for your overall preferred credit limit 10 up to four times of your monthly income, or higher multiplier if your annual income is \$\$120,000 and above. Existing ANZ Credit Card and/or ANZ MoneyLine Date D D M M Y Y Y Y Y account holders who are applying for an additional card will enjoy their existing credit limit if they do not submit latest income documents **BANK USE ONLY** My preferred credit limit¹¹ (Minimum S\$500, rounded to the nearest hundred) Credit Card Source Code For Credit Card S\$ 2 1 1 1 5 7 1 0 P B A U H L Please tick here if you would like the Bank to assign a credit limit¹² 9 Cash rebate will be awarded in the form of Optimum\$ and can be redeemed under the ANZ Follow up required for Income Documents Yes No Optimum Rebate Programme. ¹⁰Overall credit limit defines as the combined credit limit that is assigned to your ANZ credit card and WC Y/N EV Y/N/W Input Check ANZ MoneyLine account(s). ¹¹ Please note that the credit limit assigned to you is subject to the Bank's approval and discretion. The SA WC Y/N final approved credit limit may be lower than what you have indicated. 12 Please note that the Bank will assign a credit limit based on its discretion and in accordance with CCCO1 ΑI CO2

regulatory guidelines when you select the option to allow the Bank to assign such credit limit for you.

BANK USE ONLY	
Bank Staff Confirmation	
Client signature is witnessed by/confirmed by:	
Name of Bank Staff	Signature of Bank Staff
	Date D D M M Y Y Y Y Y
RM/BDM/RO Code	RM/BDM/RO Name
Source of Mortgage Referral	
Agent/Intermediary	
Name of Agency/Intermediary	Full Name of Referrer
Branch	
Name of Branch	Full Name of Employee
Client Referral (MGM)	
Full Name of Referrer	CIF Number
Call Centre	
Full Name of Employee	
Online	
Direct Mailers/Newspaper	
Self Solicitation	
Others	
Source of Account	
0 – Self Solicitation 2 – Phone Banker Referral	5 – Credit Card Referral N – Mortgage Referral
1 – Client Referral (MGM) 3 – Overseas Branches Referral	6 – Commercial Banking S – Staff Referral Referral Others (Please specify)
CIF Number for Client Referral	others (reasespeerly)
Account Opening Check	
Documents Submitted	Name of Checker
Account Application Form (Fully completed and signed by customer)	
Identity Card/Passport (Original sighted and copy made for file) Proof of Address (Original sighted and copy made for file)	Signature of Checker
OMLR (Duly signed by approvers)	
Income Document	
WC Result	Data D. D. M. M. V. V. V. V.
SG Check Result	Date D D M M Y Y Y Y Y

Account Creation (Account Services Operations) Main Account Holder Are the documents completed? No Yes s there any hit in checks? No Yes If yes, please indicate CIF Number of Main Account Holder Debit Card Issued No Yes Accounts To Open A\$ Accounts	Account Holder 2 Are the documents completed? No Is there any hit in checks? No If yes, please indicate CIF Number of Account Holder 2 Debit Card Issued No
Are the documents completed? Is there any hit in checks? If yes, please indicate CIF Number of Main Account Holder Debit Card Issued Accounts To Open	Are the documents completed? Is there any hit in checks? If yes, please indicate CIF Number of Account Holder 2 Debit Card Issued
s there any hit in checks? If yes, please indicate CIF Number of Main Account Holder Debit Card Issued No Yes Accounts To Open	Is there any hit in checks? If yes, please indicate CIF Number of Account Holder 2 Debit Card Issued No
f yes, please indicate CIF Number of Main Account Holder Debit Card Issued No Yes Accounts To Open	If yes, please indicate CIF Number of Account Holder 2 Debit Card Issued No
Debit Card Issued No Yes Accounts To Open	Debit Card Issued No
Accounts To Open	
TO ACCOUNTS	ATM/Phone Banking Access Indicator
	(Note: Please select only 1 account as Primary Account and the rest of accounts will be linked as secondary)
ANZ Australian Dollar Savings Plus Account	Account Number Primary A
5\$ Accounts	
ANZ Signature Priority Banking Current Account	Account Number Primary A
ANZ Home Loan Current Account	Account Number Primary A
nout Dv	Charled Dr
nput By Name	Checked By Name
ignature	Signature
Date D D M M Y Y Y Y Y	Date D D M M Y Y Y Y Y
Signature Scanning	
Scanned By	Checked By
Name	Name
··	Cimpah, ma
ignature	Signature
Data D. D. M. M. V. V. V. V.	Date D. D. M. M. V. V. V. V.
Date D D M M Y Y Y Y Y	Date D D M M Y Y Y Y Y

Acknowledgement of Valuation Fee Form



PERSONAL INFORMATION		
Full Name as in NRIC/Passport (Main Account Holder and Account Holder 2)		
Property Address 1		
	Country	Postal Code
Estimated Value of Property 1		
Contact Name to access Property 1 (E.g. Property Agent)		
Contact Details	Home	
	Mobile	
	Email	
Property Address 2		
	Country	Postal Code
Estimated Value of Property 2		
Contact Name to access Property 2 (E.g. Property Agent)		
Contact Details	Home	
	Mobile	
	Email	
		ANZ") to commission valuation(s) of the above mentioned property/properties process my/our Australian property home loan application.
		I/we agree to pay the full amount of the fee to ANZ upon demand. I/We agree to a sustain or incur in connection with the valuation(s) to be conducted.
indefinity ANZ in relation to any costs o	r expenses which ANZ may	sustain of incur in connection with the valuation(s) to be conducted.
Name of Main Account Holder		Name of Account Holder 2
C'ant a fMair Arra at Hallan		Court of Acres of Helder
Signature of Main Account Holder		Signature of Account Holder 2
Date DID MIM YIYIYIY		Date D D M M Y J Y J Y J Y

Form W-8BEN

(Rev. February 2014)

Department of the Treasury Internal Revenue Service

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

► For use by individuals. Entities must use Form W-8BEN-E.

► Information about Form W-8BEN and its separate instructions is at www.irs.gov/formw8ben.

► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do No	OT use this form if:			Instead, use Form:
• You	are NOT an individual			W-8BEN-E
• You	are a U.S. citizen or other U.S. person, including a resider	nt alien individual		W-9
	are a beneficial owner claiming that income is effectively er than personal services)		trade or busines	s within the U.S.
• You	are a beneficial owner who is receiving compensation for	personal services performed in	the United State	es 8233 or W-4
• A pe	rson acting as an intermediary			W-8IMY
Par	Identification of Beneficial Owner (see	e instructions)		
1	Name of individual who is the beneficial owner	o mondonoj	2 Country of	citizenship
				•
3	Permanent residence address (street, apt. or suite no., or	or rural route). Do not use a P.	O. box or in-care	e-of address.
	City or town, state or province. Include postal code whe	ere appropriate.		Country
4	Mailing address (if different from above)			
	City or town, state or province. Include postal code whe	ere appropriate.		Country
5	U.S. taxpayer identification number (SSN or ITIN), if req	uired (see instructions)	6 Foreign tax	didentifying number (see instructions)
7	Reference number(s) (see instructions)	8 Date of birth (MM-DD-	YYYY) (see instru	ctions)
Par	Claim of Tax Treaty Benefits (for chap	oter 3 purposes only) (see	instructions)	
9	I certify that the beneficial owner is a resident of		within th	ne meaning of the income tax treaty
	between the United States and that country.			
10	Special rates and conditions (if applicable—see instru	ictions): The beneficial owner is	claiming the pro	visions of Article
	of the treaty identified on line 9 above to claim a	% rate of withh	olding on (specif	y type of income):
	Explain the reasons the beneficial owner meets the term	ns of the treaty article:		
Part	III Certification			
	penalties of perjury, I declare that I have examined the information	n on this form and to the best of my	knowledge and bel	ief it is true, correct, and complete. I further
certify	under penalties of perjury that:			
•	I am the individual that is the beneficial owner (or am authorized			
	am using this form to document myself as an individual that is a	an owner or account holder of a fore	eign financial institu	tion,
•	The person named on line 1 of this form is not a U.S. person,			
•	The income to which this form relates is:			
	(a) not effectively connected with the conduct of a trade or busi	,		
	(b) effectively connected but is not subject to tax under an appli	•		
	(c) the partner's share of a partnership's effectively connected in	ncome,		
•	The person named on line 1 of this form is a resident of the trea the United States and that country, and	aty country listed on line 9 of the for	m (if any) within the	meaning of the income tax treaty between
•	For broker transactions or barter exchanges, the beneficial own	ner is an exempt foreign person as o	defined in the instruc	ctions.
	Furthermore, I authorize this form to be provided to any withhol any withholding agent that can disburse or make payments of the fany certification made on this form becomes incorrect.			
Sign	Here			
-	Signature of beneficial owner (or individual	ual authorized to sign for beneficial	owner)	Date (MM-DD-YYYY)
	Print name of signer		apacity in which ac	ting (if form is not signed by beneficial owner)
For P	aperwork Reduction Act Notice, see separate instructi	ions. Cat. No.	25047Z	Form W-8BEN (Rev. 2-2014)

Form W-8BEN

(Rev. February 2014)

Department of the Treasury Internal Revenue Service

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

► For use by individuals. Entities must use Form W-8BEN-E.

► Information about Form W-8BEN and its separate instructions is at www.irs.gov/formw8ben.

► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do N	OT use this 1	form if:			Instead, use Form:	
• You	are NOT an	individual			W-8BEN-E	
• You	are a U.S. ci	itizen or other U.S. person, including a residen	t alien individual		W-9	
		cial owner claiming that income is effectively conal services)		trade or business	s within the U.S.	
• You	are a benefi	cial owner who is receiving compensation for p	personal services performed in	the United State	s 8233 or W-4	
• A pe	erson acting	as an intermediary			W-8IMY	
Par	t I Ide	ntification of Beneficial Owner (see	instructions)			
1	Name of individual who is the beneficial owner		2 Country of citizenship			
3	Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.					
	City or tow	ity or town, state or province. Include postal code where appropriate.			Country	
4	Mailing address (if different from above)					
	City or tow	City or town, state or province. Include postal code where appropriate.			Country	
5	U.S. taxpa	yer identification number (SSN or ITIN), if requ	ired (see instructions)	6 Foreign tax	identifying number (see instructions)	
7	Reference	number(s) (see instructions)	8 Date of birth (MM-DD-Y	YYY) (see instruc	ctions)	
Par	t II Cla	im of Tax Treaty Benefits (for chapt	er 3 purposes only) (see	instructions)		
9	I certify that	at the beneficial owner is a resident of		within th	e meaning of the income tax treaty	
		etween the United States and that country.				
10	Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article					
	of the treaty identified on line 9 above to claim a % rate of withholding on (specify type of income):					
	Explain the reasons the beneficial owner meets the terms of the treaty article:					
Parl	· Co	rtification				
		erjury, I declare that I have examined the information	on this form and to the hest of my	knowledge and heli	ef it is true correct and complete I further	
		s of perjury that:	off this form and to the best of my	Knowledge and beli	er it is true, correct, and complete. Further	
	Laura de la dese					
•	I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,					
•	The person named on line 1 of this form is not a U.S. person,					
•	The income to which this form relates is:					
	(a) not effectively connected with the conduct of a trade or business in the United States,					
	(b) effectively connected but is not subject to tax under an applicable income tax treaty, or					
	(c) the partner's share of a partnership's effectively connected income,					
•	The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and					
•	For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.					
	any withhole	e, I authorize this form to be provided to any withhold ding agent that can disburse or make payments of th ication made on this form becomes incorrect.				
Sign	Here					
,	,	Signature of beneficial owner (or individu	al authorized to sign for beneficial	owner)	Date (MM-DD-YYYY)	
		Print name of signer	C	apacity in which act	ing (if form is not signed by beneficial owner)	
For P	aperwork R	eduction Act Notice, see separate instruction	ons. Cat. No.	25047Z	Form W-8BEN (Rev. 2-2014)	