

General Agent Authority (Authority for General Operation of an Account)



This form is used when customer want to give authority to an Agent to perform some actions related to his account

To: The Manager and Card Operations Manager
ANZ Bank (Vietnam) Limited
Transaction Centre/Branch/Transaction Office

Date:

I/We _____ (Customer(s) Name), being the owner of the account(s)
listed on the reverse (**Account/s**) hereby authorise _____ (agent's
name) (**Agent**), with details specified below, as my/our authorized General Agent on our behalf in respect of my/our Account to:

- call to check on available Credit Limit
- call to change mailing address
- call to report card as lost/stolen
- call to request for a Statement Regeneration
- call to check the Closing Balance, Minimum Amount Due and Due Dates

GENERAL AGENT DETAILS

Title	_____	Hand phone	_____
Family name	_____	Home phone	_____
Given name	_____	Facsimile number	_____
Nationality	_____	Email address	_____
Date of birth	____/____/____	Address	_____
Occupation/business	_____	Customer number	_____
Security Password	_____		

Required field

IDENTIFICATION RECORD OF GENERAL AGENT

Primary ID Secondary ID

National ID card or passport	_____	Document name	_____
Number	_____	Number	_____
Issue date	____/____/____	Issue date	____/____/____
Expiry date (if applicable)	____/____/____	Expiry date (if applicable)	____/____/____
Occupation/business	_____	Occupation/business	_____
Hand phone	_____	Hand phone	_____
Home phone	_____	Home phone	_____

Required field

CUSTOMER(S) ACCEPTANCE

I/We acknowledge and agree that:

- I am liable for all operations and transactions on the Accounts/We are jointly and severally liable for all operations and transactions on the Accounts, and will remain so following appointment of the General Agent;
- I/We shall be responsible for all instructions given by the Agent to ANZ in connection with the Accounts (including acceptance of ANZ’s terms and conditions in relation to the matters covered by such instructions), and such instructions shall be sufficient authority and shall legally bind me/us in all dealings, matters and transactions with ANZ;
- I/We shall be responsible to ANZ for all conduct of the Agent under this Appointment, including execution of documents and any other things done by the Agent, and for any liability, cost or expense incurred as a result of such conduct (such amount shall be payable to ANZ on demand);
- Any agreements or undertakings entered into by the Agent with ANZ in relation to the Accounts shall legally bind me/us;
- This Appointment shall be effective from the date that it is approved and signed by the PFS/BFS Head until such time as I/we (or my/any of our legally recognised heirs) notify ANZ in writing that it has been revoked.

ACCOUNT/S DETAILS

	Account number(s)	Account name							
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Having read, understood and accepted the above:

ACCOUNT OWNER

(Note: if the Agent is appointed in relation to a joint account, all parties to that account must sign this form).

Customer 1

Name

Signature

Date

/

/

Customer 3

Name

Signature

Date

/

/

Customer 2

Name

Signature

Date

/

/

Customer 4

Name

Signature

Date

/

/

GENERAL AGENT’S SIGNATURE

Having read, understood and agreed to be appointed as Agent in accordance with the above:

Signature

Date

Required field

WITNESSING BANK OFFICER’S SIGNATURE

Signature

Date

Checked and Approved by Branch Manager/Business Banking Manager

Signature

Date

PLEASE SEND THE ORIGINAL SIGNED FORM TO: CARD OPERATIONS