



Commercial Cards Account Signatories

This form is used if you wish to add signatories to a new or existing account.

Please fax completed form to **1800 459 143**, or send by mail to ANZ Commercial Cards, Locked Bag 10, Collins St West PO, Melbourne Vic 8007. If you need assistance to complete this form please contact the ANZ Commercial Card Service Centre on 1800 032 481.

Once completed please advise me on fax number

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OR/

Once completed please advise me via email address

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1. Facility details

Business or Company Name in full

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Billing Account Number (if signatories are for a new account please leave blank)

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Contact Person Name

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Contact Person Phone number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Director/Principal(s)

Print Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Security code (for identification purposes) Date of Birth (ddmmyyyy)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Director/Principal Specimen Signature

X

Print Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Security code (for identification purposes) Date of Birth (ddmmyyyy)

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Director/Principal Specimen Signature

X

3. Authorised Signatories (for making changes on this Billing Account)

Print Name

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Security code (for identification purposes) Date of Birth (ddmmyyyy)

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Authorised Signatory's Specimen Signature

X

Print Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Security code (for identification purposes) Date of Birth (ddmmyyyy)

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Authorised Signatory's Specimen Signature

X

4. Authorised Card Collection Officers (can pick up other peoples cards)

Print Name

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Card Collector's Specimen Signature

X

Print Name

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Card Collector's Specimen Signature

X

Despatch BSB (if known)

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Address of ANZ branch for the collection of cards

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5. Nomination of Verifying Officer (Can complete identification requirements as per FTR Act)*

Print Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth (ddmmyyyy)

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Specimen Signature of Verifying Officer

X

Print Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth (ddmmyyyy)

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Specimen Signature of Verifying Officer

X



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6. Authority

Approval: Authorised Directors/Proprietor/Authorised Signatory

On behalf of the client, I the undersigned authorise the persons whose names appear above to administer and manage the program on behalf of the client. This authority will remain in force for the duration of the program or until otherwise notified in writing.

Print Name

Signature

Identification: Verifying Officer (optional see below)

If the nominated Authorised Signatories have not been identified by a 100-point check at an ANZ branch they must be identified by a Verifying Officer. I declare that I am an authorised Verifying Officer for the above client. In accordance with the FTR Act 1988, I certify that the Authorised Signatories whose name and signatures appear above are authorised by the above client to be signatories to this account.

Print Name

Signature

* Public authorities and incorporated bodies (which includes incorporated associations and a proprietary company that has traded or maintained an account with a financial institution for a continuous period of two (2) years) may nominate a Verifying Officer under the FTR Act. The Verifying Officer will be responsible for certifying the identification of Authorised Signatories and/or Cardholders to the Principles Billing Account(s). The Verifying Officer must be identified by a 100-point check or Identification Reference in accordance with FTR Act. It is an offence under the FTR Act to make a false or misleading statement.