

AUTHORITY TO DELIVER SHIPPING DOCUMENTS TO REPRESENTATIVES



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PLEASE ENSURE THIS FORM IS COMPLETED ONLINE (TYPED)

To: The Manager

ANZ Trade and Supply Chain Select (Branch)

Date (dd/mm/yyyy)

Branch

From: (Customer name and address, include company identification number if applicable):

I/we authorise ANZ to deliver to our representative(s), whose name(s) and specimen signature(s) appear in the space provided, any Bills of Lading, Invoices and/or other documents that ANZ may at any time hold deliverable to us and receipt by any one of them will be sufficient discharge for the same.

Name of Applicants Representative(s)

Specimen Signature of Representative(s)

This authority, the ANZ Trade Terms and any other Trade Agreement (as defined in the ANZ Trade Terms) containing terms relating to the Trade Product (as defined in the ANZ Trade Terms) and entered into by ANZ and you (collectively, the Terms and Conditions) apply to the Trade Product requested under this form.

By signing this form, you:

- agree that you have a copy of or you have accessed via anz.com the Terms and Conditions; and
- acknowledge that you have read and agree to be bound by the Terms and Conditions.

Yours faithfully,

Signed for and on behalf of the Customer (by the Customer or its Authorised Representatives):

Full Name

Position

Signature

Full Name

Position

Signature

Company stamp or chop (if applicable):

BANK USE ONLY

Received (Date/time):

Approved by

Date Released (dd/mm/yyyy)

Signature(s) verified against signing authority

Initials of verifying officer

Manager / Team Leader

Date cancelled (dd/mm/yyyy)