



For Individual/Joint/Sole Proprietors	Date D D M M 2 0 Y Y
Complete sections 1 and 2	Date D M M Z O Y Y
Companies, Partnerships, Trusts and Other Entities Complete sections 1 and 3	
SECTION 1	
Customer information	
Customer's name	
Customer number	
Account name	
Account number	
Authority for Operations  To: Australia and New Zealand Banking Group Limited, Cook Islands Branch (Bank)  In the case of a company or an incorporated entity, I/we certify that the following resorted the Customer on D, D, M, M, Y, Y, Y, Y, A, Y, A, Y, A, Y, A, Y, A, Y, A, Y,	solution was passed at a meeting of the Board of Directors d in the minutes book of the Customer.
Resolved/Authorised that:  (A) Any 1 signatory; or Any 2 signatories; or Other (please specify) to act fully and effectively in all dealings, matters and transactions (including with	hdrawals) in respect of the above account with the Bank.

Middle name(s) (if applicable)  Surname  Any other name commonly known as  Date of birth DDMMMYYYYY  Place of birth (town and country)  Nationality/Citizenship(s)  Tax Identification Number  Full residential address (Do not provide a PO Box or in-care-of address)  Street  Suburb  City  Country  Postcode  Phone number  Mobile number  Mobile number  Employer name  Employer address  Coffice/Title  Signature  Middle name(s) (if applicable)  Surname  Any other name commonly known as  Date of birth DDMMMYYYYYY  Place of birth (town and country)  Nationality/Citizenship(s)  Tax Identification Number  Full residential address (Do not provide a PO Box or in-care-of address)  Street  Suburb  City  Country  Postcode  Phone number  Mobile number  Employer name  Employer address  Coffice/Title  Signature	Middle name(s) (if applicable)  Surname  Any other name commonly known as  Date of birth DDMM YYYYY  Place of birth (town and country)  Nationality/Citizenship(s)  Tax Identification Number  Full residential address (Do not provide a PO Box or in-care-of address)  Street  Suburb  City  Country  Postcode  Phone number  Mobile number  Email address  Employer name  Employer name  Employer name  Employer name  Employer address  Office/Title  Signature  Middle name(s) (if applicable)  Surname  Any other name commonly known as  Date of birth DDMMMYYYYYY  Place of birth (town and country)  Nationality/Citizenship(s)  Tax Identification Number  Full residential address (Do not provide a PO Box or in-care-of address)  Street  Suburb  City  Country  Postcode  Phone number  Mobile number  Employer name  Employer name  Employer address  Signature  Signatory Customer Number  Signatory Customer Number	Middle name(s) (if applicable)  Surname  Any other name commonly known as  Date of birth DDMMMYYYYY  Place of birth (town and country)  Nationality/Citizenship(s)  Tax Identification Number  Full residential address (Do not provide a PO Box or in-care-of address)  Street  Suburb  City  Country  Phone number  Mobile number  Mobile number  Email address  Employment date DDMMMYYYYY  Employer name  Employer name  Employer address  Office/Title  Signature  Middle name(s) (if applicable)  Surname  Any other name commonly known as  In the substitute of birth (town and country)  Nationality/Citizenship(s)  Tax Identification Number  Full residential address (Do not provide a PO Box or in-care-of address)  Tax Identification Number  Full residential add	ignatory 1		Signatory 2	
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First name	First name
Middle name(s) (if applicable)	Middle name(s) (if applicable)
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Customer number	Customer number
Office/Title	Office/Title
n the case of a company, two directors or a director plus company the case of a partnership, all partners must sign.  In the case of a trust, all trustees must sign.  SECTION 2 FOR INDIVIDUAL/JOINT/SOLE PROPERTY AND ACC	
Primary account holder	Joint account holder
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ignature of Director		Signature of Director/Secretary	
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OMPANY WITH SEAL			
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HE COMMON SEAL of			
as affixed in accordance with its Ar	rticles of Association in the present	re of:*	
	and the present		
ignature of Director		Signature of Director/Secretary	
	is affixed and attested in accordance v	Name of Director/Secretary with the company's Articles of Association.	
lame of Director are should be taken to ensure the seal	is affixed and attested in accordance v		
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PARTNERSHIP  Dated this day of 20  EXECUTED by the PARTNERS OF	
Signature	Signature
Name of Partner	Name of Partner
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Name of Partner	Name of Partner

RUST		
ated this day of	20	
XECUTED by the TRUSTEES OF		
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