

ACCOUNT OPENING FORM - INDIVIDUAL

(INCLUDING SOLE PROPRIETOR AND JOINT ACCOUNTS)

Australia and New Zealand Banking Group Limited, Fiji Branch



Individual (including Sole Proprietor)

Joint All account holders must sign the Authority and Declaration by Account Holder(s) section.
If more than two joint account holders, please use additional Account Opening Form(s) – Individual.

Account number	<input type="text"/>	Account type	<input type="text"/>
Account name			
Business name (Sole Proprietor)			

ACCOUNT HOLDER(S) INFORMATION

Primary account holder (including Sole Proprietor)

New customer Existing customer

Customer number

Customer name

Title First name

Middle name(s) (if applicable)

Surname

Previous name (including maiden name or change by deed poll)

Date of birth

Country of birth

Citizenship

Citizenship (complete if more than one)

Tax Identification Number

Sole Proprietor registration number (if applicable)

Principal place of business (Sole Proprietor)

Street

Suburb

City

Country Postcode

Full residential address (Do not provide a PO Box or in-care-of address)

Street

Suburb

City

Country Postcode

Postal address (if different from residential address)

Street

Suburb

City

Country Postcode

Phone contact

Home

Mobile

Business

Next of kin

Email contact

Email address

Joint account holder (if applicable)

New customer Existing customer

Customer number

Customer name

Title First name

Middle name(s) (if applicable)

Surname

Previous name (including maiden name or change by deed poll)

Date of birth

Country of birth

Citizenship

Citizenship (complete if more than one)

Tax Identification Number

Full residential address (Do not provide a PO Box or in-care-of address)

Street

Suburb

City

Country Postcode

Postal address (if different from residential address)

Street

Suburb

City

Country Postcode

Postal address (if different from residential address)

Street

Suburb

City

Country Postcode

Postal address (if different from residential address)

Phone contact

Home

Mobile

Business

Next of kin

Email contact

Email address

ACCOUNT OPENING FORM – INDIVIDUAL

Australia and New Zealand Banking Group Limited, Fiji Branch

EMPLOYMENT DETAILS

Primary account holder (including Sole Proprietor)

Occupation

Employer

Name

Street

Suburb

Country

Postcode

Employed since

Industry (Sole proprietor)

Joint account holder (if applicable)

Occupation

Employer

Name

Street

Suburb

Country

Postcode

Employed since

Industry (Joint account holder)

WAYS TO BANK

- ANZ Access Card ANZ Visa Debit Card ANZ Internet Banking ANZ Pacific App
 Cheque book (Cheque book size) 25 50 100

PRIVACY ACKNOWLEDGEMENT

Information you provide to Australia and New Zealand Banking Group Limited, Fiji Branch (**ANZ**) will be kept strictly confidential and will be securely held by ANZ and/or by any ANZ Group Member which term includes ANZ's head office and its branches, agents, representative offices, regional offices or affiliates, or any related corporation of ANZ anywhere in the world (**ANZ Group Member**).

ANZ will collect and use some of your information, including details about your transactions, your financial conditions, your account relationship with ANZ and /or your account(s) (herein collectively referred to as **Information**).

ANZ may, to the extent permitted by law, collect your Information:

- to assist in providing Information about a product or service;
- to consider your request for a product or service;
- to enable ANZ to provide a product or service;
- to tell you about other products or services that may be of interest to you;
- to perform other administrative and operational tasks (including risk management, systems development and testing, credit scoring, staff training and market or customer satisfaction research);
- to prevent and investigate any fraud or crime (or a suspected fraud or crime); and
- as required by relevant laws, regulations and external payments systems, whether inside or outside the country where you live or where your account is held.

If you do not provide some or all of the information requested, ANZ may be unable to provide you with a product or service.

Disclosures by ANZ

To the extent permitted by law, by applying for a product or service, you agree that ANZ may use and disclose your Information to:

- you, co-borrowers, your agents, authorised signatories, or customers you are an authorised signatory for;
- your parents or guardians — if you're under 18 years old;
- guarantors of any money you owe us;
- brokers, custodians and other parties who introduced you to ANZ, are acting on your behalf, or are otherwise financially advising you;
- any ANZ Group Member;
- any service provider, agent or contractor which ANZ or any ANZ Group Member engages to carry out or assist its banking functions, activities and services — for example, mail houses, market research companies, cloud-service providers or data analysis companies;
- marketing companies;
- supervisors and advisors of our schemes;
- any credit reporting company or debt recovery agencies;
- regulatory bodies, government agencies, law enforcement bodies, taxation authorities and courts whether inside or outside the country where you live or where your account is held;
- other parties ANZ is authorised or required to disclose information to by law of the country where you live or where your account is held or by law of another country;
- any reputable companies or organisations we have a continuing relationship with — including those we jointly offer products and services with, or anyone who offers loyalty programmes or services related to our accounts, products, or services;

ACCOUNT OPENING FORM – INDIVIDUAL

Australia and New Zealand Banking Group Limited, Fiji Branch

- other banks and financial institutions — if required when you send money from your account or receive money into it, to confirm or investigate the transaction, and for verification and investigation of such transactions;
- your authorised agents or your executor, administrator or legal representative;
- any person where in ANZ's view, disclosures are necessary or desirable for the purpose of allowing ANZ to perform its duties and exercise its powers and rights under the ANZ Savings & Transaction Products Terms and Conditions;
- any person or entity assisting us to investigate any concerns or complaints or manage any legal action; and
- any other person or organisation as allowed by applicable law.

You agree and acknowledge that any ANZ Group Member may, to the extent permitted by law, transfer any Information to any party referred to above to whom it is authorised to disclose the Information even though that party's principal place of business is outside the country where you live or where your account is held or that such information will be collected, held, processed or used by such party in whole or in part outside the country where you live or where your account is held.

To the extent permitted by law, you may access your Information by enquiring at any ANZ branch and you may also request that it be corrected. A fee may be payable if you ask us to do this.

Statements

Paper statements will be available for your account in accordance with the ANZ Savings & Transaction Products Terms and Conditions. How often would you like your statements issued? (Choose one only)

- daily
- fortnightly
- monthly
- quarterly
- six monthly
- other (please specify)

You can also choose to receive your statements via ANZ Internet Banking, once you have registered for ANZ Internet Banking. Please note that terms and conditions will apply to ANZ Internet Banking.

AUTHORITY AND DECLARATION BY ACCOUNT HOLDER(S)

(For joint accounts, the second account holder must also sign this form)

To: Australia and New Zealand Banking Group Limited, Fiji Branch (ANZ)

1. I/We hereby request ANZ to open an account (**Account**) in the name(s) set out above.
2. In the case of a joint Account, we, the undersigned, notify ANZ that we have authorised:
 Any one signatory; or
 Any two signatories;
to act fully and effectively in all dealings, matters and transactions (including withdrawals) in respect of the Account with ANZ.
3. In the case of a joint Account, we declare that we shall be jointly and severally responsible to ANZ for any liability incurred in respect of the Account or any of the documents, acts, matters and things in respect of the joint Account and such liability shall be paid to ANZ on demand.
4. In the case of a joint Account if one of us dies, ANZ will treat the balance of the Account as owned by the surviving account holder(s), unless ANZ is required or permitted to do otherwise by law. Further, this authority shall bind our respective executors, administrators, legal personal representatives, and all persons claiming from or under us as to all documents, acts, matters and things done or executed under this authority before ANZ receives notice revoking this authority.
5. This authority is to remain in force and ANZ may rely on this authority in all dealings, matters and transactions between me/us and ANZ in respect of the Account, subject to any changes to the authority notified to ANZ in writing by me/us, or until I/we give ANZ written revocation of this authority.
6. All previous authorities relating to the matters mentioned above are hereby superseded except in regards to any liabilities not yet determined and instruments drawn or executed thereunder but not yet presented and/or paid.

Each person signing below, acknowledges and confirms that:

- I/we have been referred to the ANZ website: anz.com/fiji to get a copy of, or have received a printed copy, of the ANZ Savings & Transaction Products Terms and Conditions.
- I/we have read and understood and agree to the ANZ Savings & Transaction Products Terms and Conditions as amended by ANZ from time to time which govern the Account and I/we have also been referred to an ANZ branch and the ANZ website: anz.com/fiji.
- I am not commonly known by any name(s) other than the name(s) in this authority; **or**
- I am also commonly known as ; **or**
- I am carrying on business under the business name

ACCOUNT OPENING FORM - INDIVIDUAL

Australia and New Zealand Banking Group Limited, Fiji Branch

- The Account is not held in trust.
- The contents of this Account Opening Form and any identification document provided with this Account Opening Form are true and correct and that my signature below is evidence of my understanding of, and consent to, all matters set out in this Account Opening Form, including the Privacy Acknowledgement.
- I am not an undischarged bankrupt and am not liable under any bankruptcy or insolvency proceedings.
- I am/we are not prohibited from opening or maintaining an account in any jurisdiction.

Where two or more people sign this authority and declaration, each gives it individually.

Primary account holder

Full name
Signature

Date

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

Joint account holder

Full name
Signature

Date

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

BANK USE ONLY

Loaded by

Date

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

Sales ID

Signature

Checked by

Date

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

Signature

Branch Stamp
