

Australia and New Zealand Banking Group Limited ABN 11 005 357 522

Branch number	Branch name
I am making this draft on behalf of: Myself - Complete Section	Bank use only    Date Recieved   Date Processed
Someone else - Complete Sections A & B	Draft serial number

## Section A Applicant's details (and payment is made in respect of cash)

Name	
Address	
Customer Number Phone no. 1	Phone no. 2
Section B Details of person lodging this application	
Name	
Address	
Customer Number Phone no. 1	Phone no. 2
Draft details	
Draft currency Amount	Exchange rate (selling)
Local currency Amount	
Charges currency Amount	
Total payment (currency) Amount	
This application must be signed in accordance with the mandate instructi	ons on this account
Payment method Cash Account Cheque	
	argas from assount
	arges from account
Payee name and address	
Purpose of payment (mandatory)	
Gift/ payment to family or friend Payment of services	Expatriate payment to home country
Payment of goods Market settlement	
Other (please specify)	
Details	



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## Privacy Acknowledgement

Where ANZ collects any personal information in connection with your application, it does so in order to carry out your instructions and to comply with applicable laws. ANZ may disclose that information to the beneficiary's bank, a correspondent or any relevant government authorities. You may request access to your personal information at your nearest ANZ branch.

## Agreement and authorisation

By signing this Application for an International Draft you acknowledge and agree that you:

- (a) Have read and understood the ANZ International Draft Terms and Conditions and agree to be bound by them;
- (b) Declare that all information you have provided to ANZ on this Application form is true and correct
- (c) Authorise ANZ to debit your account nominated in the 'Payment from account' or 'Fee/Charges from account' sections in this document, with the total payment, commission (if any), other fees, costs and duties which are imposed by ANZ in connection with this International Draft Application;
- (d) Confirm that the amount to be transmitted is as stated below.

In the event of any inconsistency between the English and other language content of this form, the English will apply.

**Important:** Where payment is requested from a joint account, this application must be signed by all joint account holders. Please write all names with family first

## Application by Individual

Applicant's Name	
Applicant's Signature	
	Date
Applicant's name	
Applicant's Signature	
	Date
	I
Application on behalf of Company, Partnershi	p or other Legal Entity
Signed for and on behalf of (full name of Legal Entity):	
by its authorised legal representative(s).	
Signature of Authorised Legal Representative	
	Date
Full name of Authorised Legal Representative	I
Signature of Authorised Legal Representative	
	Date
Full name of Authorised Legal Representative	