



ANZ Bank (Samoa) Limited

Request type (please tick box)

NEW AMEND CANCEL

1. Customer Details

Name of Entity (Customer):

Customer Number

Postal Address:

Contact Person

Telephone

E-mail Address

Facsimile Number

Complete this section for a new registration.

To: ANZ Bank (Samoa) Limited (the "Bank")

In the case of a company or an incorporated body, I/we certify that a resolution was passed at a meeting of the Board of Directors of the Customer on _____ and that it has been recorded in the minutes book of the Customer for an application to be made for the use of ANZ eBiz subject to the applicable terms and conditions.

In the case of all other entities, I/we certify that I/we have authorised for an application to be made for the use of ANZ eBiz subject to the applicable terms and conditions.

Please attach a copy of your minutes to this form.

2. Authority

Accounts

I/We request the Bank to add / modify / delete the accounts listed below.

	Add/Delete/Modify	Account Type (eg Savings, Cheque)	Account Number	Currency
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



ANZ Bank (Samoa) Limited

ANZ eBiz Company Registration/ Amendment Form cont.

Authorised Agents

I/We request the Bank to add / modify / delete the value or non-value access for the accounts listed on page one to the following authorised agent(s).

Note: The transaction limit for each payment on ANZ eBiz cannot exceed the equivalent of AUD250,000 except for transfers to local currency linked accounts.

Add/Delete/Modify	Agent's Name	Value and/or Non Value	Daily Payment Limit	Daily Authorisation Limit
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

Authorisations

Insert the number of authorisations required to authorise payment _____

Note: The number of authorisations must match the number of required authorised signatories as stipulated on the Customer's Account Authority.

3. Declaration

By signing below, I/we acknowledge and agree that:

- (a) I/we will notify the Bank immediately if I/we revoke this authority;
 - (b) the use of ANZ eBiz (including via the linked account(s) specified on this form) by me/us and by my/our authorised agent(s) will be subject to the terms and conditions from time to time applicable to ANZ eBiz;
 - (c) I/we are liable for the use of ANZ eBiz by my/our authorised agent(s) and that I/we are responsible for ensuring that each authorised agent complies with all obligations imposed on me/us and my/our authorised agent(s) under the ANZ eBiz Terms and Conditions.
- I/We further confirm that I/we and my/our authorised agent(s) have received a copy of the current ANZ eBiz Terms and Conditions and have read, understood and agreed to them.

I/We and my/our authorised agent(s) acknowledge that the first use of ANZ eBiz will confirm our agreement to be bound by the ANZ eBiz Terms and Conditions.

The Common Seal of _____ was here unto affixed in our presence and we certify that we are officers by whom and in whose presence this said seal is to be affixed.

Acknowledged and Agreed:

Authorised Signatory 1

Date

Authorised Signatory 2

Date

Authorised Signatory 3

Date

Affix company seal
If Applicable

Bank use only	
Document & signature verified by: <input style="width: 250px;" type="text"/>	ANZSIC Code: <input style="width: 100px;" type="text"/>
Completed by: <input style="width: 250px;" type="text"/>	Reviewed by: <input style="width: 200px;" type="text"/>