ACCOUNT OPENING FORM

ACCOUNT OPENING AND AUTHORITY FOR COMPANIES, PARTNERSHIPS, TRUSTS AND OTHER ENTITIES



Australia and New Zealand Banking Group Limited, Solomon Islands Branch

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Select Entity type: Incorporated Association and Unincorporated Association (Club / Society / Lodge) Patrnership Trust Government Body and Intergovernmental Organisation (Embassy / Consulate / Diplomatic Organisation) Non-Government Organisation (Social and Charitable Organisation) Other (please specify) Multilateral Organisation Other (please specify) Country of Establishment Nature of business/activities Physical address of Entity Street Suburb City Country Postcode Postal address of Entity (if different) Street PO. Box Suburb City Country Postcode Postal address of Entity (if different) Street PO. Box Suburb City Country Postcode Postal address of Entity (if different) Postcode Postcode	ganisation (Embassy / Consulate / Diplomatic Organisation) arritable Organisation) Registration/Incorporation Number Postcode PO. Box Postcode Customer identification and verification and verification completed and copies of copies of completed and copies of completed and copies of c
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Names of parent companies or natural persons ID documents	

lame of stock exchange	Stock code	
Najority stakeholder(s) (For subsidiaries of pub	blicly listed stock exchange companies)	
Company name	% ov	nershi
ACCOUNT INFORMATION		
Account number	Branch number	
Account name	Dianeli Hamber	
Account type	(e.g. Cheque, Savings)	
Currency type (e.g. FJD, USD, AUD)		
WAYS TO BANK		
ANZ Internet Banking* ANZ Pacific App	ANZ Transactive Cheque book	
address to appear on cheques as: Physical ac	address Postal address	
Cheque book size 🔲 25 📗 50 📗 100 📗	200	
Collection details (if applicable)	ted from branch 🔃 send by mail	
STATEMENT BY CUSTOMER(S)		
I am/we are not commonly known by any na		
I am/we are carrying on business under the b	business name(s)	
I am/we are also commonly known as		
The Account is held in trust for the beneficiar	ries named in the Trust Deed	
The Account is not held in trust		

ACCOUNT OPENING FORM

Australia and New Zealand Banking Group Limited, Solomon Islands Branch

PRIVACY ACKNOWLEDGEMENT

Information you provide to Australia and New Zealand Banking Group Limited, Solomon Islands 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 accounts(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 quardians 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;
- 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 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.

ACCOUNT OPENING FORM

Any 2 signatories, or;

Australia and New Zealand Banking Group Limited, Solomon Islands Branch

AUTHORITY DE	CLARATIONS BY ACCOUNT HOLDER(S)
To: Australia and New	Zealand Banking Group Limited, Solomon Islands Branch, (Bank)
1. I/we hereby reque	est the Bank to open an Account in the name set out above.
2. In the case of a co	mpany or other business:
I/we certify that a reso	olution was passed in accordance with the Customer's constitution on
and that it has been re	ecorded in the minute book of the Customer for an Account to be opened with the Bank at its branch situated at:
3. I/we confirm that	I/we have authorised:
Any 1 signator	ry; or

Other (please specify) to act fully and effectively in all dealings, matters and transactions (including withdrawals) in respect of the Account with the Bank.

- 4. I/we agree to be bound by this authority and the terms and conditions which govern the Account listed in this document notified by the Bank from time to time (Terms and Conditions).
- 5. This authority is to remain in force and the Bank may rely on this authority in all dealings, matters and transactions between me/us and the Bank in respect of the Account, subject to any changes to the authority notified to the Bank in writing by me/us, or until written revocation of the authority by me/us is given to the Bank.
- 6. All previous authorities relating to the matters mentioned above are hereby superseded except as regards to any liabilities not yet determined and instruments drawn or executed thereunder but not yet presented and/or paid.
- 7. In the case of a partnership or joint trustee Account, I/we declare that we shall be jointly and severally responsible to the Bank for any liability incurred or to be incurred in respect of or arising from the above mentioned Account or any of the documents, acts, matters herein mentioned and such liability shall be payable to the Bank on written demand. If any one of us dies, the Bank will treat the balance of the Account as owned by the surviving Account holder(s), unless the Bank 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 all documents, acts, matters done or executed under this authority before the Bank receives notice revoking this authority.
- 8. In the case of a company or other business, I/we declare that:
 - (a) the Customer is currently actively trading, is solvent, and is not in the process of being liquidated or dissolved;
 - (b) until written notice to the contrary is given to the Bank by the Board of Directors or the equivalent governing body of the Customer, the Bank is authorised to take lawful instructions from the authorised signatories of the Customer to open further accounts in any permitted currency in the name of the Customer;
 - (c) that the Bank is authorised to honour and comply with any instructions signed by the authorised signatories in accordance with the signature mandate, and such instructions duly signed by the authorised signatories shall be a sufficient authority and legally bind the Customer in all dealings, matters and transactions with the Bank, and the Customer is legally liable for all such instructions given by the authorised signatories; and
 - (d) a copy of this authorisation signed by an authorised representative of the Customer with the official seal of the Customer affixed (if applicable), shall as between the Bank and the Customer be conclusive evidence of the instructions and the Customer's acceptance of the terms and conditions set out in this authority.
- 9. All information on this form and any identification document provided with this document is true and correct.
- 10. I/we have read, understood and agree to the matters specified in this declaration.
- 11. Where this declaration is signed by two or more people, it is given by each individually.

Signatory 1		Signatory 2
First name		First name
Middle name(s) (if applicable)		Middle name(s) (if applicable)
Surname		Surname
Date of birth D D M M Y Y Y Y		Date of birth D D M M Y Y Y Y
Place of birth (town and country)		Place of birth (town and country)
Nationality/Citizenship(s)		Nationality/Citizenship(s)
Tax Identification Number		Tax Identification Number
Full residential address (Do not provide a PO B Street	ox or in-care-of addre	Full residential address (Do not provide a PO Box or in-care-of address) Street
Suburb		Suburb
City		City
Country	Postcode	Country
Phone number		Phone number
Mobile number		Mobile number
Email address		Email address
Employment date D D M M Y Y Y	YY	Employment date D D M M Y Y Y Y
Employer name		Employer name
Employer address		Employer address
Office/Title		Office/Title
Signature		Signature
Bank use only		Bank use only
Signatory Customer Number		Signatory Customer Number

Signatory 3		Signatory 4
First name		First name
Middle name(s) (if applicable)		Middle name(s) (if applicable)
Surname		Surname
Date of birth D D M M Y Y	YY	Date of birth D D M M Y Y Y Y
Place of birth (town and country)		Place of birth (town and country)
Nationality/Citizenship(s)		Nationality/Citizenship(s)
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Suburb		Suburb
City		City
Country	Postcode	Country
Phone number		Phone number
Mobile number		Mobile number
Email address		Email address
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Employer name		Employer name
Employer address		Employer address
Office/Title		Office/Title
Signature		Signature
Signature		Signature
Bank use only		Bank use only
Signatory Customer Number		Signatory Customer Number

First name Middle name(s) (if applicable) Surname 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 Phone number Middle name(s) (if applicable) Surname 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 Phone number Mobile number Mobile number	are-of addre
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Email address Email address	
Employer name Employer name	
Employer address Employer address	
Signature	
Bank use only Bank use only	
Signatory Customer Number Signatory Customer Number	

• In the case of	tions: a company, two director a partnership, all partner trust, all trustees must sig	s must sign.	oany secretai	y must sign.	
COMPANY	WITHOUT SEAL				
Dated this	day of	20			
SIGNED for and	l on behalf of				by
Signature of Di	rector			Signature of Director/Secretary	
Name of Direct	or			Name of Director/Secretary	

was offixed in accordance with its Articles of Association in the presence of: Signature of Director Name of Director Name of Director Name the seal is affixed and attested in accordance with the company's Articles of Association.	COMPANY WITH SEAL			
The COMMON SEAL of The Co	ated this day of	20		
as affixed in accordance with its Articles of Association in the presence of:* Signature of Director Signature of Director/Secretary Name of Director/Secretary		20		
Signature of Director Signature of Director/Secretary Name of Director Name of Director/Secretary	TIE COMMON SEAL OF			
Signature of Director Signature of Director/Secretary Name of Director Name of Director/Secretary				
Signature of Director Signature of Director/Secretary Name of Director Name of Director/Secretary				
Signature of Director Signature of Director/Secretary Name of Director Name of Director/Secretary				
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Signature of Director Signature of Director/Secretary Name of Director Name of Director/Secretary				
Name of Director Name of Director/Secretary	as affixed in accordance with its	Articles of Association in the prese	nce of:*	
Name of Director Name of Director/Secretary	Signature of Director		Signature of Director/Secretary	
are should be taken to ensure the seal is affixed and attested in accordance with the company's Articles of Association.				

PARTNERSHIP Dated this day of 20 EXECUTED by the PARTNERS OF	
Signature	Signature
Name of Partner	Name of Partner
Signature	Signature
Name of Partner	Name of Partner
Signature	Signature
Name of Partner	Name of Partner

TRUST			
Dated this day of 2 EXECUTED by the TRUSTEES OF	0		
Signature	5	ignature	
-			
Name of Trustee	N	lame of Trustee	
Signature	С	ignature	
Signature		ignature	
Name of Trustee	N.	lame of Trustee	
ivalile of flustee		arrie or rrustee	