

Customer Information

Date

Customer Number: New Client Existing Client

Title Last Name

Given Names

Birth Name (if different)

Place of Birth (town/city and country)

Date of Birth Nationality

Customer Address

Customer Correspondence Address (if different)

Contact Details

Home Number Mobile Number

Business Contact Number Facsimile Number

Email address

Employment Details

Occupation

Employer

Address

Industry Employed Since

Account Information

Individual (Incl. Sole Proprietor)
 Joint (All account holders must sign the Authority for Operations and Declaration section)

Account Number Branch Number (BSB)

Account Name

Account Type (e.g. Savings, Term Deposit)

Term Deposits

If the account described above is a Term Deposit account, this authority applies to that account and additionally to all future Term Deposit accounts opened with identical account names, unless requested otherwise.

Debit/Access Card Required Yes No

(For joint account, this is only available when the authority permit any one account holder/authorised signatory to act solely)

Enter card embossing details

Title

Last Name
(Maximum of 26 characters)

Given Names

Cheque Book Required

No Yes

Cheque book type (25, 50, or 100)

Address to appear on cheques as: Mailing address Correspondence address

Collection details

will be collected from branch

send by mail

Stamp duty
(if applicable)

debited to my/our account number

paid in cash

Postage cost
(if applicable)

debited to my/our account number

paid in cash

Please issue a new Debit/Access Card and link above account as the primary account.

Please link above account as secondary account to my primary account.

Access Account Cheque Account

Internet banking facilities required. Yes No

Statement by Customer(s)

I am not commonly known by any name(s) other than shown in this document.

I am carrying on business under the business name

I am also commonly known as

The account is not held in trust

Privacy Acknowledgement

ANZ Bank (Vanuatu) Limited (the 'Bank') collects your information in order to assess your application for a product or service offered by the Bank and, if your application is approved, to provide you with the product / service you are applying for. Without this information the Bank may not be able to consider or approve your application. By signing this form, you acknowledge and agree that:

(a) the Bank may also use and disclose your information to help the Bank provide or tell you about other products or services which may interest you, for the Bank's internal administration and operations and for market or customer satisfaction research; and

(b) the Bank may disclose your information to its related companies (including subsidiaries), credit reporting or debt collecting agencies, the Bank's alliance partners, agents, contractors, agents and advisers and to other parties authorised and/or required by law to collect your information.

Authority for Operations and Declarations by Customer(s)

To: ANZ Bank (Vanuatu) Limited (the 'Bank')

1. I/we hereby request the Bank to open an account in the name set out above.
2. In the case of a joint account, we, the undersigned, notify the Bank that we have authorised for:

- Any 1 Signatory; or
- Any 2 Signatories, 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.
3. I 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').
 4. 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 the me/us is given to the Bank.
 5. 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.
 6. In the case of a joint 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 abovementioned account or any of the documents, acts, matters and things 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 us as to all documents, acts, matters and things done or executed under this authority before the Bank receives notice revoking this authority.
 7. I/we acknowledge and agree that the Bank reserves the right to open my/our account/and transmit any funds from such account.
 8. All information on this document and any identification document provided with this document is true and correct.
 9. I/we have read, understood and agree to the matters specified in this document.

Where this declaration is signed by two or more people, it is given by each individually.

Account Holder 1

Full name

Customer signature Date

Customer number

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

Account Holder 2

Full name

Customer signature Date

Customer number

Bank use only

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|------------------------------------|--|---------------------|--|------------|--|
| Form completed by | | Forwarded to EBS by | | Date | |
| EBS | | | | | |
| Date received | | Input by | | Checked by | |
| Customer Registration Number (CRN) | | | | | |