

# ACCOUNT APPLICATION FORM







## MAIN ACCOUNT HOLDER

Account Type  
 Individual  Joint  Account Holders

US Person Declaration  Yes<sup>1</sup>  No<sup>2</sup>

### A. Personal Information

New Client  Existing Client  
(Any new information provided in this application shall be taken as a request to update your existing particulars in the Bank's records)

Salutation and Full Name (As in NRIC/Passport)

NRIC/Passport Number  Singapore PR  Yes  No

Permanent Residential Address (Must not be a PO Box address)

Country  Postal Code

Mailing Address (If different from residential address)

Country  Postal Code

Marital Status  Single  Married  Others

Mother's Maiden Name

Highest Education Received  
 Primary  Secondary  A Level/Pre-University  
 Diploma  Degree  Others, please specify

Contact Details (Please provide mobile number & 1 alternative number)  
 Home  Mobile   
 Office  Fax   
 Email

Self-employed  Yes  No

Name of Employer/Name of Business (For self-employed)

Occupation  Annual Income

Nature of Business/Industry  
 Banking/Finance  Retail/F&B  Travel/Hospitality  
 Government  Manufacturing  Building/Construction  
 IT/Communications  Others, please specify

Source of Wealth  
 Business Income  Investment Returns  
 Inheritance/Gift  Salary  
 Savings derived from  Others, please specify

Planned transaction amount (Per month)  
 S\$10,000 & below  S\$10,001 to 50,000  
 S\$50,001 to 100,000  S\$100,001 to 200,000  
 Above S\$200,000

## ACCOUNT HOLDER 2

Relationship to Main Account Holder

US Person Declaration  Yes<sup>1</sup>  No<sup>2</sup>

### A. Personal Information

New Client  Existing Client  
(Any new information provided in this application shall be taken as a request to update your existing particulars in the Bank's records)

Salutation and Full Name (As in NRIC/Passport)

NRIC/Passport Number  Singapore PR  Yes  No

Permanent Residential Address (Must not be a PO Box address)

Country  Postal Code

Mailing Address (If different from residential address)

Country  Postal Code

Marital Status  Single  Married  Others

Mother's Maiden Name

Highest Education Received  
 Primary  Secondary  A Level/Pre-University  
 Diploma  Degree  Others, please specify

Contact Details (Please provide mobile number & 1 alternative number)  
 Home  Mobile   
 Office  Fax   
 Email

Self-employed  Yes  No

Name of Employer/Name of Business (For self-employed)

Occupation  Annual Income

Nature of Business/Industry  
 Banking/Finance  Retail/F&B  Travel/Hospitality  
 Government  Manufacturing  Building/Construction  
 IT/Communications  Others, please specify

Source of Wealth  
 Business Income  Investment Returns  
 Inheritance/Gift  Salary  
 Savings derived from  Others, please specify

Planned transaction amount (Per month)  
 S\$10,000 & below  S\$10,001 to 50,000  
 S\$50,001 to 100,000  S\$100,001 to 200,000  
 Above S\$200,000

<sup>1</sup>I am a U.S. citizen, resident, permanent resident, green card holder or U.S. tax payer by reason of having substantial physical presence in the U.S. or for any reason.  
<sup>2</sup>I acknowledge that I am aware that I need to notify the bank within 30 days of any change to my status.

## B. Accounts To Open

Current	ATM/Phone Banking Access Indicator <sup>3</sup>	Savings	ATM/Phone Banking Access Indicator <sup>3</sup>
<input type="checkbox"/> ANZ SGD Current Plus Account	<input type="checkbox"/> Primary Account	<input type="checkbox"/> ANZ SGD Statement Savings Account	<input type="checkbox"/> Primary Account
<input type="checkbox"/> ANZ SGD Current Account	<input type="checkbox"/> Primary Account	<input type="checkbox"/> ANZ Australian Dollar Savings Plus Account	<input type="checkbox"/> Primary Account
<input type="checkbox"/> ANZ Foreign Currency Current Account (Select currency: AUD/CAD/CHF/EUR/GBP/USD)	<input type="checkbox"/> Primary Account	<input type="checkbox"/> ANZ Progress Saver Account (Select currency: SGD/AUD/USD)	<input type="checkbox"/> Primary Account
<input type="checkbox"/> Others, please specify <input type="text"/>	<input type="checkbox"/> Primary Account	<input type="checkbox"/> ANZ Foreign Currency Statement Savings Account (Select currency: CAD/CHF/CNY/EUR/GBP/HKD/JPY/NZD)	<input type="checkbox"/> Primary Account
		<input type="checkbox"/> Others, please specify <input type="text"/>	<input type="checkbox"/> Primary Account

## C. Banking Services

Debit Card<sup>3</sup> (The Current and/or Savings Account selected comes equipped with an ANZ Visa Debit Card)

Name as it should appear on the ANZ Debit Card<sup>4</sup> (Up to a maximum of 19 characters)

Point of sale<sup>5</sup> daily limit (Please select one<sup>6</sup>)

Main Account Holder   S\$0  S\$1,000  S\$2,000  S\$5,000

Account Holder 2   S\$0  S\$1,000  S\$2,000  S\$5,000

I/We do not wish to have the Debit Card

Cheque Book

Phone Banking<sup>3</sup>

### Consent to Marketing Information and Personal Data Usage

I would like to receive marketing information and materials on products, services or events, provided by Australia and New Zealand Banking Group Limited, Singapore Branch ("ANZ") and its authorised merchants and agents, via (you may ✓ one or both options):

Main Account Holder  Phone call  SMS/MMS, fax, email and postal mail

Account Holder 2  Phone call  SMS/MMS, fax, email and postal mail

By ✓ this form, I consent to the chosen mode(s) of communication and agree to the Terms and Conditions stated below.

### Terms and Conditions for Consent to Marketing Information and Personal Data Usage

1. My consent given here will override my registration on the Do Not Call Registry, if applicable.
2. I consent to ANZ, its agents and service providers (in Singapore or otherwise) collecting, using, disclosing and processing my personal data, to provide me with marketing information and materials on products, services or events, provided by ANZ and its authorised merchants and agents.
3. My consent applies to Singapore telephone numbers under my name in ANZ's records including new telephone numbers that I may provide or update ANZ with from time to time.
4. My consent given here shall be valid regardless of the success of my application.

**I/We have read and understood the declaration and authorisation section set out in this form. I/We affirm the said declaration and agree and represent to the Bank to abide and be bound by the matters stated therein. By signing on this form, I consent to ANZ contacting me via phone/SMS relating to my application notwithstanding any registration on the Do Not Call Registry.**

<sup>3</sup> Please specify ATM/Phone Banking access indicator for the account(s) opened under Section B.

Note : Please select only 1 account as Primary Account and the rest of the accounts will be linked as secondary.

<sup>4</sup> If the embossed name for the card is not indicated in this form, the Bank shall use the account holder's full name, subject to character limitation on card.

<sup>5</sup> Point of sale refers to purchase of goods and services at retail merchants using the ANZ Visa Debit Card.

<sup>6</sup> In the absence of any point of sale daily limit specified, a default limit of S\$2,000 will be applicable.

**Deposit Insurance Scheme:** Singapore dollar deposits of non-bank depositors are insured by the Singapore Deposit Insurance Corporation, for up to S\$50,000 in aggregate per depositor per Scheme member by law. Foreign currency deposits, dual currency investments, structured deposits and other investment products are not insured.

## Account Mandate

To: Australia and New Zealand Banking Group Limited, Singapore

1. I/We hereby request and authorise Australia and New Zealand Banking Group Limited, Singapore Branch (the "Bank"), to open an ANZ Bank Account which includes one or more account(s) of any kind as I/we may request the Bank in accordance with this Mandate and subsequently to open such further account(s) of any type in my/our joint names of whatever nature as I/we request (the "Account(s)") in accordance with and subject to the Bank's Terms and Conditions for ANZ Bank Account (the "Terms"), as amended from time to time by the Bank.
2. The Bank is hereby authorised and instructed generally, to act on instructions given by me/us in accordance with the Terms. **The Bank may, in its discretion and on such terms as the Bank may impose, allow instructions to be given by phone, fax and other form of communication and I/we shall bear the risks arising therefrom, and indemnify the Bank, as set out in the Terms.**
3. In the absence of contrary written instructions which the Bank may agree to, the conditions set out in the Terms (including, but not limited to, those set out in the Mandate) shall apply to each and every Account, of whatever nature, now or hereafter opened by the Bank or by me/us in our joint names.
4. I/We have been supplied with a copy of the Terms, the Statement of Disclosure for Joint Accounts, Risk Disclosure Statement for Investments and Schedule of Charges and agree to abide thereby.
5. Where I/we have requested for Phone Banking Services and ATM Services, I/we confirm that I/we have read the Bank's Terms and Conditions for 24-hour Banking and agree to abide thereby.
6. I/We agree not to access Digital Banking unless I/we have read the Bank's Terms and Conditions for Personal Internet Banking - Digital Banking and further agree to abide thereby.
7. In the event of any discrepancy between this Mandate and the terms and conditions indicated in points 4, 5 and 6, the express terms of this Mandate shall prevail.
8. I/We confirm that I/we have been given the opportunity to consult with my/our professional advisors before agreeing to the terms and conditions indicated in points 4, 5 and 6 and this Mandate.
9. I/We agree that the Bank, its agents and service providers (in Singapore or otherwise) may collect, use, disclose and/or process my/our personal data and any information relating to me/us (including but not limited to my/our Accounts, financial condition and/or transactions) in accordance with the Terms and for the purposes stipulated therein. Where personal data is to be transferred out of Singapore, I/we acknowledge and agree that the Bank will comply with the Personal Data Protection Act in doing so and take appropriate steps to ensure that the recipient of the personal data is bound by legally enforceable obligations to provide to the transferred personal data a standard of protection that is at least comparable to the protection under the Act, such that the personal data is kept secure and confidential.
10. If I/we were referred to the Bank by any person, I/we acknowledge that the referrer may receive rewards from the Bank in respect

of such referral and that the referrer may be able to infer my/our approximate account balance based on the amount of rewards awarded to the referrer, and I/we hereby consent to the Bank informing the referrer of my/our account opening and of the amount of rewards awarded to the referrer.

11. I/We hereby warrant that all the information and documents provided by me/us in relation to this application are true, complete and accurate in all respects.
12. I/We acknowledge that it is my/our responsibility to comply with the tax obligations in the countries where I/we may have or otherwise incur such obligations (whether due to my/our nationality, tax domicile, incorporation, source of income, physical presence or otherwise) ("Jurisdictions").
13. I/We declare that I/we have not committed or been convicted of any tax evasion or money laundering related offences in any court of law or administrative proceedings in the Jurisdictions stated above and my/our source of funding is not the proceeds of any serious tax crime.
14. In the event that my/our particulars provided in this application differ from my/our existing particulars in the Bank's records, I/we request that such existing particulars be updated and superseded accordingly.

**Deposit Insurance Scheme:** Singapore dollar deposits of non-bank depositors are insured by the Singapore Deposit Insurance Corporation, for up to S\$50,000 in aggregate per depositor per Scheme member by law. Foreign currency deposits, dual currency investments, structured deposits and other investment products are not insured.

**Custody Agreement:** The Bank has arrangements with various custodians to hold the assets (excluding cash) which you have delivered or transferred through the Bank for custody. A summary of the key terms of the agreements entered into with each custodian, and/or the manner in which the custody accounts are maintained and established has been made available for your easy reference. This summary can be found on the Bank's website at [www.anz.com.sg](http://www.anz.com.sg) (<http://www.anz.com/singapore/en/signature-priority-banking/products-services/terms-conditions-products>). A copy of the Summary of Custody Agreements will be made available upon request at any of the Bank's branches.

**Notification on Outsourcing of our Banking Services:** Australia and New Zealand Banking Group Limited, Singapore branch ("ANZ") may from time to time engage the services of our head office, its branches, subsidiaries or affiliates and third parties (collectively "service providers") for certain outsourced activities. Whether our service providers are located in Singapore or elsewhere, they are strictly required to maintain information security and customer confidentiality to the same standard as ANZ is responsible for.

The laws in Singapore and other countries may require ANZ and our service providers to disclose information relating to ANZ's customers to relevant authorities from time to time. The circumstances under which such disclosure may be required are limited and include compulsion under law, court order, police investigations or criminal prosecutions.

## Signing Conditions for Joint Accounts

(Any change to the signing condition subsequently must be notified in writing to the Bank by all Account Holders)

Any one of us  All of us  Others, please specify

## Customer Acknowledgement

Signature of Main Account Holder

Date

Please tick if you are a staff of ANZ

Signature of Account Holder 2

Date

Please tick if you are a staff of ANZ

#### D. ANZ Credit Card And MoneyLine Application

- ANZ Optimum World MasterCard Credit Card  
Principal : S\$180 p.a. (1 Year Fee Waiver)  
Supplementary : S\$90 p.a. (1 Year Fee Waiver)  
Minimum income : S\$80,000 p.a. (Singapore Citizens, Permanent Residents & Foreigners)  
Select your preferred category:  
 Dining & Leisure  Travel  Shopping  Groceries  
Selected category will be valid for the immediate calendar quarter (based on the date of application approval) and the next calendar quarter. To continue enjoying 5% cash rebate<sup>7</sup> in your preferred category, please submit your selected category by 25<sup>th</sup> of the month before the start of a new calendar quarter.
- ANZ Travel Visa Signature Credit Card  
Principal : S\$200 p.a.  
Supplementary : S\$100 p.a.  
Minimum income : S\$60,000 p.a. (Singapore Citizens & Permanent Residents)  
S\$90,000 p.a. (Foreigners)
- ANZ Platinum MasterCard Credit Card
- ANZ Platinum Visa Credit Card  
Principal : S\$160 p.a.  
Supplementary : S\$80 p.a.  
Minimum income : S\$30,000 p.a. (Singapore Citizens & Permanent Residents)  
S\$60,000 p.a. (Foreigners)
- ANZ Switch Platinum Credit Card  
Principal : No Annual Fees<sup>8</sup>  
Supplementary : No Annual Fees<sup>8</sup>  
Minimum income : S\$30,000 p.a. (Singapore Citizens & Permanent Residents)  
S\$60,000 p.a. (Foreigners)
- I would like the above to be a secured credit card.  
(Please complete Credit Card Memorandum of Charge.)
- ANZ MoneyLine<sup>9</sup>  
Annual Fee : S\$70 p.a.  
Minimum income : S\$30,000 p.a. (Singapore Citizens & Permanent Residents)

Effective interest rates are 25% p.a. for ANZ Optimum World MasterCard Credit Card, ANZ Travel Visa Signature Credit Card and ANZ Platinum MasterCard Credit Card, and 23% p.a. for ANZ Switch Platinum Credit Card, and interest is subject to compounding if the monthly interest charges are not repaid in full.

#### Principal Card Applicant

Do you have an existing ANZ Credit Card?  Yes  No

Please select one only:

I am the Main Account Holder  I am the Account Holder 2

#### Personal Information

Residential Status

Self-Owned  Mortgaged  Employer's  Parents'  Rented  Others

Residential Type

HDB  Condominium/Apartment  Landed  Others

Length of stay at address  Years  Months

(At permanent residential address)

Billing Address

Singapore Residential  Office  Mailing (As indicated in earlier section)

#### Employment Details

Job Status

Employee  Sales/Commission-based  Self-employed  Contractual  Years remaining  Others

Address

Length of employment  Years  Months Job Title

<sup>7</sup>Cash rebate will be awarded in the form of Optimum\$ and can be redeemed under the ANZ Optimum Rebate Programme.

<sup>8</sup>Your card remains valid as long as you make three (3) retail transactions every 12 months.

<sup>9</sup>Prevailing interest rate: 17.88% p.a. Prevailing interest rate is the effective interest rate. A minimum interest amount of S\$12 will apply.

#### Documents Required (Mandatory)

- Please submit the following identification documents that are applicable to you and tick the relevant boxes below:
  - Singapore Citizens and Permanent Residents  
 Photocopy of your Identification Card (Front and back)
  - Foreigners  
 Photocopy of your valid Employment Pass (Valid for at least 9 months) AND  
 Photocopy of your Passport AND  Proof of residence
- Please submit the following income documents that are applicable to you and tick the relevant boxes below:
  - Salaried Employee  
 Latest computerised/electronic payslip OR  
 Latest Income Tax Notice of Assessment OR  
 CPF Statement for the last 6 months
  - Self-employed  
 Income Tax Notice of Assessment for the last 2 years
  - Commission-based Earner  
 CPF Statement for the last 6 months OR  
 Income Tax Notice of Assessment for the last 2 years OR  
 Commission Statement from the company for the last 6 months

You may also submit a copy of your income documents online using SingPass at anz.com.sg.

Are you submitting your CPF Statement online?  Yes  No

#### Additional documents required for Supplementary Card application

A photocopy of Supplementary Cardmember's Identification Card (front and back)/Passport/Employment Pass (valid for at least 9 months) is required. The Bank reserves the right to request for additional information and supporting documents (e.g. utility bill) from time to time as required. Incomplete or unclear applications may delay processing.

#### Credit Card Information

Approval of the Credit Limit is subject to the Bank's discretion and the Bank may grant the Credit Limit in whatever manner it deems appropriate without giving any reason. For more information on qualifying criteria, credit card charges and fees, please refer to anz.com.sg.

Name to appear on credit card (Please include surname)

(Maximum 18 characters)

Basic Salary (Monthly) S\$

Monthly Commission/Variable Income (Monthly) S\$

Bonus/Other Income and Sources (Annual) S\$

Rental  Dividends  Others

Name of Previous Employer (If your current employment is less than one year)

Previous Position  Length of Previous Employment  Years  Months

### Credit Limit

You may choose to request for your overall preferred credit limit<sup>10</sup> up to four times of your monthly income, or higher multiplier if your annual income is S\$120,000 and above. Existing ANZ Credit Card and/or ANZ MoneyLine account holders who are applying for an additional card will enjoy their existing credit limit if they do not submit latest income documents.

**My preferred credit limit<sup>11</sup>** (Minimum S\$500, rounded to the nearest hundred)

For ANZ Credit Card S\$  For ANZ MoneyLine S\$

Please tick here if you would like the Bank to assign a credit limit<sup>12</sup>

**Supplementary Card Applicant** (Supplementary Cardmember must be 18 years old and above)

(Please select one only)

I am the Main Account Holder  I am the Account Holder 2

Name to appear on credit card (Please include surname)

(Maximum 18 characters)

### ANZ Credit Card And MoneyLine Declaration And Authorisation

By signing this form, I/we hereby agree and represent to the Bank that-

- I/We ask that an ANZ Credit Card account be opened for me/us and that an ANZ Credit Card be issued to me/us until I/we/the Bank terminate(s) the same.
- I/We hereby declare that the information given in this application and all the documents submitted to the Bank are complete, true and accurate and belong to the Bank absolutely and that I/we have not wilfully withheld any material fact. I/We undertake to notify the Bank immediately of any change in such information.
- I/We hereby authorise and give the Bank consent to conduct credit checks on me/us (including but not limited to checks with any credit bureau recognised as such by the Monetary Authority of Singapore) and to obtain and verify and/or to disclose or release any information relating to me/us and/or any of my/our account(s) from or to any other party or source as the Bank may from time to time deem fit at the Bank's discretion for the purpose of this application and without any liability or notice to me/us.
- I/We confirm that at the time of the application, I am not/neither of us is an undischarged bankrupt and no statutory demand or legal proceeding has been served on or commenced against me/us.
- I/We agree to be bound by the terms of the Mandate, the Cardmember's Agreement, the Terms and Conditions for 24-hour Banking, the Terms and Conditions for ANZ Debit Card, the Terms and Conditions for Personal Internet Banking - Digital Banking, the Terms and Conditions Governing ANZ MoneyLine Accounts and such other terms and conditions as the Bank may prescribe from time to time, copies of which are available for my/our perusal at the Bank's website, upon request at any of the Bank's branches and/or which will be extended to me/us upon the Bank's approval of my/our application herein together with my/our ATM Card and/or Customer Identification Number.
- I/We agree that the Bank, its agents and service providers (in Singapore or otherwise) may collect, use, disclose and/or process my/our personal data and any information relating to me/us (including but not limited to my/our Card Account and/or Card Transactions) in accordance with the Cardmember's Agreement and for the purposes stipulated therein. Where personal data is to be transferred out of Singapore, I/we acknowledge and agree that the Bank will comply with the Personal Data Protection Act in doing so and take appropriate steps to ensure that the recipient of the personal data

- is bound by legally enforceable obligations to provide to the transferred personal data a standard of protection that is at least comparable to the protection under the Act, such that the personal data is kept secure and confidential.
- If, for any reason whatsoever, the Card Account is closed (whether by me/us, the Bank or otherwise) within the period of nine (9) months from the date of opening of the Card Account, I/we agree that the Bank shall be entitled to claim from me/us full reimbursement of the cost of any welcome gift which the Bank may have given to me/us upon approval of my/our application and/or activation of my/our Card Account. I/We hereby authorise the Bank to debit the Card Account for the cost of such gift (as determined by the Bank) prior to closure of the Card Account.
- The preferred credit limit indicated is subject to the approval of the Bank at its reasonable discretion. The Bank will assign a credit limit based on its discretion and MAS guidelines when you select the option to allow the Bank to assign such credit limit for you.
- I/We as Supplementary Credit Card holder(s) agree to the credit limit that is assigned to me/us to be the same as the Principal Card member.
- If I/we have applied for Credit Card FlexiLoan, I/we agree to be bound by the Credit Card FlexiLoan Terms and Conditions.
- If I/we have applied for Credit Card Balance Transfer, I/we agree to be bound by the Credit Card Balance Transfer Terms and Conditions.
- The Bank reserves the right to terminate my/our ANZ Signature Priority Banking Visa Infinite Credit Card(s) if I/we do not maintain the minimum Signature Priority Banking total relationship balance. In the event of such termination, I/we also hereby request and apply for an ANZ Platinum Credit Card to be issued to me/us at that point in time, subject to the Bank's approval then. I/We also agree to be bound by the Cardmember's Credit Card to be issued to me/us at that point in time, subject to the Bank's approval then. I/We also agree to be bound by the Cardmember's Agreement and such other relevant and then prevailing terms and conditions which may govern the use of the ANZ Platinum Credit Card. Agreement and such other relevant and then prevailing terms and conditions which may govern the use of the ANZ Platinum Credit Card.
- I/We agree that the approval of this application is subject to the Bank's discretion and that the Bank reserves the right to decline the application without giving any reason.

**Disclaimer:** No product or service referred to herein may be offered or sold within the United States or to or for the benefit of US Persons. Neither this document, nor any copy thereof may be sent to or taken into the United States or distributed in the United States or to a US person. The full disclaimers at our website at [anz.com.sg](http://anz.com.sg) are deemed to be incorporated herein.

Signature of Principal Card Applicant

Signature of Supplementary Card Applicant

Date

Date

<sup>10</sup>Overall credit limit defines as the combined credit limit that is assigned to your ANZ Credit Card and ANZ MoneyLine account(s)

<sup>11</sup>Please note that the credit limit assigned to you is subject to the Bank's approval and discretion. The final approved credit limit may be lower than what you have indicated.

<sup>12</sup>Please note that the Bank will assign a credit limit to you based on its discretion and Monetary Authority of Singapore (MAS) guidelines when you select the option to allow the Bank to assign such credit limit for you.

### Credit Card Memorandum Of Charge

Please complete this Memorandum of Charge form, which is supplemental to your Secured Credit Card application form.

Name of Principal Applicant/Joint Account Holder 1	
Name of Joint Account Holder 2	
Name of Joint Account Holder 3	
Name of Joint Account Holder 4	
Name of Joint Account Holder 5	
Deposit Account Number	
Deposit Amount (SGD/USD/GBP/EUR/AUD)	

### Declaration

1. By signing this form, I/we agree to be bound by the following provisions. These provisions and the security created herein shall also be binding on my/our personal representatives.
2. I/We agree to place and maintain a minimum deposit (in the amount indicated by me/us in this form) with Australia and New Zealand Banking Group Limited (the "Bank"), which I/we warrant to be free from any encumbrance, to be used as security for all outstandings, fees and charges which the Principal applicant may be liable for in respect of the Principal and the Supplementary applicant's Card Account(s) (the "Liabilities").
3. I/We hereby charge for the settlement of the Liabilities all sums which have been or may from time to time hereafter be deposited by me/us with the Bank whether in Singapore Dollars or other permitted currency under the deposit indicated by me/us in this form including any renewals thereof whether by way of extension or replacement (and even if bearing a different account number/ currency type/amount) together with interest accrued or to be accrued thereon and all additions thereto (the "Deposit"). I/We understand that the Credit Limit to be granted will be subject to the Bank's discretion as well as the amount deposited and will be fully secured against the Deposit.
4. I/We irrevocably authorise the Bank to, at any time and from time to time in its sole and absolute discretion and without notice to me/us, appropriate and apply the Deposit (whether it has matured or not) or any part thereof in or towards the satisfaction and settlement of all or any of the Liabilities whether the same is due or contingent and whether there has been a default or not. Any currency conversion that may be necessary will be effected at the Bank's prevailing exchange rate.
5. I/We agree that the Deposit is to be held by the Bank as a continuing security notwithstanding my/our bankruptcy, insanity or death, any intermediate payment or settlement of account or any other matter whatsoever until such time as the Liabilities may be fully paid and discharged and the Card Account closed. The Deposit is in addition to and shall not prejudice any other security created now or hereafter held by the Bank or any right or remedy the Bank might have in respect of the same. Nothing herein shall restrict the operation of any other rights or remedies whatsoever which the Bank may have under law or otherwise.
6. I/We hereby agree and undertake that, for so long as any part of the Liabilities remains outstanding or the Card Account is not terminated, I/we shall not close the Deposit account and shall not withdraw any sum from the Deposit, or assign, mortgage, charge, pledge, transfer, or create any security interest or encumbrance or otherwise deal with the Deposit in any manner whatsoever nor attempt or purport so to do and I/we shall not do or omit any act which may in any way delay or prejudice the Bank's right to the Deposits. I/We acknowledge that the Card Account will be terminated if the Deposit account is closed or if the value of the Deposit falls below the pledged amount for any reason whatsoever without the Bank's prior written consent. I/We understand that any balance from the Deposit will only be returned 45 business days after closure of the Card Account.
7. Any notice or demand for payment by you hereunder shall, without prejudice to any effective mode of making the same, be deemed to have been sufficiently made hereunder on me/us if sent by post to the Principal Applicant's address stated below and shall be assumed to have reached the Principal Applicant within 24 hours of posting, and in proving such service it shall be sufficient to prove that the notice demand was properly addressed and posted.
8. The Principal Applicant acknowledges that these provisions shall not prejudice but be in addition to the terms of the Cardmember's Agreement and the card application declaration.
9. This memorandum shall be construed in accordance with the laws of the Republic of Singapore and I/we submit to the non-exclusive jurisdiction of the Singapore Courts.



Witnessed by Bank Staff

Name

Address

NRIC/Passport Number

Occupation

Signature of Joint Account Holder 2

Name

Address

NRIC/Passport Number

Occupation

Signature of Joint Account Holder 4

Name

Address

NRIC/Passport Number

Occupation

Signature of Principal Applicant/Joint Account Holder 1

Name

Address

NRIC/Passport Number

Occupation

Signature of Joint Account Holder 3

Name

Address

NRIC/Passport Number

Occupation

Signature of Joint Account Holder 5

Name

Address

NRIC/Passport Number

Occupation

If there are more than 5 Joint Account Holders, please attach Annex 1 to this page before commencement of signing by any Joint Account Holder.

**BANK USE ONLY**

**Bank Staff Confirmation**

Client signature is witnessed by/confirmed by

Name of Bank Staff

  
  

Signature of Bank Staff

Date

**Source of Account**

- 0 – Self Solicitation       2 – Phone Banker Referral       5 – Credit Card Referral       N – Mortgage Referral  
 1 – Client Referral (MGM)       3 – Overseas Branches Referral       6 – Commercial Banking Referral       S – Staff Referral  
 Others (Please specify)

CIF Number for Client Referral

**Account Opening Check**

Documents Submitted

- Account Application Form (Fully completed and signed by customer)  
 Identity Card/Passport (Original sighted & copy made for file)  
 Proof of Address (Original sighted & copy made for file)  
 OMLR (Duly signed by approvers)  
 Income Document  
 WC Result  
 SG Check Result

Name of Checker

Signature of Checker

Date

Market Segment	Branch Code	Primary Officer Code	Secondary Officer Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Account Creation (Branch Operations)**

**Main Account Holder**

Are the documents completed?  No  Yes

Is there any hit in checks?  No  Yes

If yes, please indicate

CIF Number of Main Account Holder

Debit Card Issued  No  Yes

**Account Holder 2**

Are the documents completed?  No  Yes

Is there any hit in checks?  No  Yes

If yes, please indicate

CIF Number of Account Holder 2

Debit Card Issued  No  Yes

**Current Account**

- ANZ SGD Current Plus
- ANZ SGD Current
- ANZ Foreign Currency Current (Select currency: AUD/CAD/CHF/EUR/GBP/USD)
- Others (Please specify)

**Savings Account**

- ANZ SGD Statement Savings
- ANZ Australian Dollar Savings Plus
- ANZ Progress Saver (Select currency: SGD/AUD/USD)
- ANZ Foreign Currency Statement Savings (Select currency: CAD/CHF/CNY/EUR/GBP/HKD/JPY/NZD)
- Others (Please specify)

Input by

Name

Signature

Date

**Signature Scanning**

Scanned by

Name

Signature

Date

**ANZ Credit Card Source Code**

0 0 0 8 0 9 9 0 V B 0 3 B H

Follow up required for income documents  Yes  No

Input	Check	WC Y/N	EV Y/N	
SA		WC Y/N		
EX	ML	CO1	AL	CO2
EX	CC			
AM		Input By/Date		Checked By/Date
EBC				

**ATM/Phone Banking Access Indicator**

(Note: Please select only 1 account as Primary Account and the rest of the accounts will be linked as secondary)

Account Number   Primary Account

Account Number   Primary Account

Account Number   Primary Account

Account Number   Primary Account

Account Number   Primary Account

Account Number   Primary Account

Account Number   Primary Account

Account Number   Primary Account

Account Number   Primary Account

Checked by

Name

Signature

Date

Checked by

Name

Signature

Date

**ANZ MoneyLine Source Code**

1 0 0 0 M T 5 8 8 0 G 0 B H



**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

► For use by individuals. Entities must use Form W-8BEN-E.  
 ► Information about Form W-8BEN and its separate instructions is at [www.irs.gov/formw8ben](http://www.irs.gov/formw8ben).  
 ► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

**Do NOT use this form if:**

- You are NOT an individual . . . . . **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual . . . . . **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) . . . . . **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States . . . . . **8233 or W-4**
- A person acting as an intermediary . . . . . **W-8IMY**

**Instead, use Form:**

**Part I Identification of Beneficial Owner** (see instructions)

<b>1</b> Name of individual who is the beneficial owner	<b>2</b> Country of citizenship
<b>3</b> Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>	
City or town, state or province. Include postal code where appropriate.	Country
<b>4</b> Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	
Country	
<b>5</b> U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	<b>6</b> Foreign tax identifying number (see instructions)
<b>7</b> Reference number(s) (see instructions)	<b>8</b> Date of birth (MM-DD-YYYY) (see instructions)

**Part II Claim of Tax Treaty Benefits** (for chapter 3 purposes only) (see instructions)

**9** I certify that the beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.

**10 Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article \_\_\_\_\_ of the treaty identified on line 9 above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_

Explain the reasons the beneficial owner meets the terms of the treaty article: \_\_\_\_\_

**Part III Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
  - (a) not effectively connected with the conduct of a trade or business in the United States,
  - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
  - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

**Sign Here**

-----  
 Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY)

\_\_\_\_\_  
 Print name of signer

\_\_\_\_\_  
 Capacity in which acting (if form is not signed by beneficial owner)



**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

► For use by individuals. Entities must use Form W-8BEN-E.  
 ► Information about Form W-8BEN and its separate instructions is at [www.irs.gov/formw8ben](http://www.irs.gov/formw8ben).  
 ► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

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- You are NOT an individual . . . . . W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual . . . . . W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) . . . . . W-8ECI
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City or town, state or province. Include postal code where appropriate.	Country
<b>4</b> Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	Country
<b>5</b> U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	<b>6</b> Foreign tax identifying number (see instructions)
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Explain the reasons the beneficial owner meets the terms of the treaty article: \_\_\_\_\_

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- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
  - (a) not effectively connected with the conduct of a trade or business in the United States,
  - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
  - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

**Sign Here**

-----  
 Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY)

\_\_\_\_\_  
 Print name of signer

\_\_\_\_\_  
 Capacity in which acting (if form is not signed by beneficial owner)











