

Application for Third Party Authority to Operate Accounts

Please give the person named below (the Third Party Signatory) access to operate (via internet, phone, card, cheque and over the counter) and make enquiries on the transactional or savings accounts specified below.

The Signatory does NOT have authority to:

- change any of the signatory authorisations on the account;
- give a 3rd party access or authority to operate the account;
- make enquiries about available credit on a loan account;
- change contact details, including the mailing address for statements, or close the account.

THIS AUTHORITY CANCELS ALL EXISTING AUTHORITIES I/WE HAVE GIVEN YOU
I/WE AM/ARE RESPONSIBLE FOR ALL THE SIGNATORY'S TRANSACTIONS

SECTION A: ACCOUNT DETAILS

MEMBER NUMBER

OFFICE USE ONLY

<input type="checkbox"/> S5	<input type="checkbox"/> S	<input type="checkbox"/> S	<input type="checkbox"/> S
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SECTION B: ACCOUNT NAME

NAME:

SECTION C: ACCOUNT HOLDER DETAILS

To be signed in accordance with the account authority.

1ST PERSON

TITLE: (please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	MEMBER NUMBER:	
SURNAME:		GIVEN NAMES:	
DATE:		SIGNATURE:	

2ND PERSON

TITLE: (please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	MEMBER NUMBER:	
SURNAME:		GIVEN NAMES:	
DATE:		SIGNATURE:	

3RD PERSON

TITLE: (please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	MEMBER NUMBER:	
SURNAME:		GIVEN NAMES:	
DATE:		SIGNATURE:	

4TH PERSON

TITLE: (please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	MEMBER NUMBER:	
SURNAME:		GIVEN NAMES:	
DATE:		SIGNATURE:	

SECTION D: THIRD PARTY SIGNATORY

1ST SIGNATORY'S DETAILS

TITLE: (please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	MEMBER / CLIENT NO:	
SURNAME:		GIVEN NAMES:	
PHONE:	Mobile:	Home:	Work:
HOME ADDRESS:			
	Suburb/Town:	State:	Postcode:
SIGNATURE:			

2ND SIGNATORY'S DETAILS

TITLE: (please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	MEMBER / CLIENT NO:	
SURNAME:		GIVEN NAMES:	
PHONE:	Mobile:	Home:	Work:
HOME ADDRESS:			
	Suburb/Town:	State:	Postcode:
SIGNATURE:			

3RD SIGNATORY'S DETAILS

TITLE: (please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	MEMBER / CLIENT NO:	
SURNAME:		GIVEN NAMES:	
PHONE:	Mobile:	Home:	Work:
HOME ADDRESS:			
	Suburb/Town:	State:	Postcode:
SIGNATURE:			

4TH SIGNATORY'S DETAILS

TITLE: (please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	MEMBER / CLIENT NO:	
SURNAME:		GIVEN NAMES:	
PHONE:	Mobile:	Home:	Work:
HOME ADDRESS:			
	Suburb/Town:	State:	Postcode:
SIGNATURE:			

METHOD OF OPERATION FOR TWO OR MORE SIGNATORIES:

<input type="checkbox"/> ANY ONE TO SIGN	<input type="checkbox"/> ALL PARTIES TO SIGN	<input type="checkbox"/> OTHER
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OFFICE USE ONLY

<input type="checkbox"/> 1. PRIVACY STATEMENT	<input type="checkbox"/> 3. CHEQUE SIGNATURE CARD SIGNED	<input type="checkbox"/> 5. I.D. RECEIVED, LOADED & COPIES HELD
<input type="checkbox"/> 2. INTERNET / IVR ACCESS CODE ALLOCATED	<input type="checkbox"/> 4. VISA CARD ORDERED (ADDITIONAL CARDHOLDER FORM COMPLETED)	<input type="checkbox"/> 6. IDENTIFICATION COMPLETED BY BDO