





Westpac is, or may be, required to verify the identity of the people listed in this form and certain other information provided in this form. Please refer to our list of acceptable verification documentation available at [www.westpac.co.nz/AML](http://www.westpac.co.nz/AML). There are two options:

- Complete SECTION TEN if the nominated individual is already a signatory of a Westpac NZ account (either an account of the organisation or a personal account) and Westpac has a copy of their identification on record.
- Complete SECTION ELEVEN if the nominated individual is NEW to Westpac i.e. if a nominated Authoriser/Administrator is not a signatory of any Westpac NZ account (either an account of the organisation or a personal account).

### SECTION TEN: ADD ADMINISTRATORS AND AUTHORISERS (who are already signatories of a Westpac account)

Nominated Authoriser's name (Please tick the box to nominate as an Administrator)	Contact numbers (Note: Mobile numbers are mandatory for sending International Payments)	Email (Note the email address allows you to reset your own password via challenge questions)	Signature of Authoriser	Bank Use Only CRS# of the Authoriser
Given name(s) _____ Surname _____ <input type="checkbox"/> Date of Birth (DD/MM/YYYY): ___/___/____	Landline _____ Mobile _____	_____	_____	_____
Given name(s) _____ Surname _____ <input type="checkbox"/> Date of Birth (DD/MM/YYYY): ___/___/____	Landline _____ Mobile _____	_____	_____	_____
Given name(s) _____ Surname _____ <input type="checkbox"/> Date of Birth (DD/MM/YYYY): ___/___/____	Landline _____ Mobile _____	_____	_____	_____
Given name(s) _____ Surname _____ <input type="checkbox"/> Date of Birth (DD/MM/YYYY): ___/___/____	Landline _____ Mobile _____	_____	_____	_____

### SECTION ELEVEN: ADD ADMINISTRATORS AND AUTHORISERS (who are NOT a signatory on any Westpac account)

Each nominee in this section must complete a "Customer Information Certificate - Business Online User" (page 5 of the form). They must hand the completed certificate in person to a Westpac staff member. If a nominee is unable to go into a branch for any reason, they can get a copy of their relevant ID to be certified by a Trusted Referee, such as a Justice of Peace and then the Certificate can be submitted along with the certified copy of their ID to your branch or Business Banker. More details about acceptable identification and Trusted Referees, is available at [www.westpac.co.nz/AML](http://www.westpac.co.nz/AML).

Important: It is not essential to submit the certificate(s) along with the Business Online Application Form. The nominee(s) can hand it separately to a Westpac branch or Business Banker.

Nominated Authoriser's name (Please tick the box to nominate as an Administrator)	Contact numbers (Note: Mobile numbers are mandatory for sending International Payments)	Email (Note the email address allows you to reset your own password via challenge questions)	Signature of Authoriser	Bank Use Only CRS# of the Authoriser
Given name(s) _____ Surname _____ <input type="checkbox"/> Date of Birth (DD/MM/YYYY): ___/___/____	Landline _____ Mobile _____	_____	_____	_____
Given name(s) _____ Surname _____ <input type="checkbox"/> Date of Birth (DD/MM/YYYY): ___/___/____	Landline _____ Mobile _____	_____	_____	_____
Given name(s) _____ Surname _____ <input type="checkbox"/> Date of Birth (DD/MM/YYYY): ___/___/____	Landline _____ Mobile _____	_____	_____	_____

If space is required to add more Administration/Authorisers to either SECTION TEN or ELEVEN, please attach another copy of this page.

## SECTION TWELVE: DECLARATION AND AUTHORITY

I/We

- request access to Westpac Business Online and agree to be bound by the Westpac Business Online Terms and Conditions, the General Terms and Conditions and any other applicable terms and conditions Westpac tells me about (all Westpac terms and conditions are available at www.westpac.co.nz or at any Westpac branch).
- certify that all information provided in this form is true, correct and complete in every respect, and understand that if it is not true, correct and complete, this application may be declined and / or I/we may be liable to Westpac.
- certify that the person(s) signing below has the authority to do so on behalf of the account owner.
- understand that by completing this form I/we will be providing personal information which will be held securely by Westpac New Zealand Limited and/or any entity within the Westpac group, and that all information provided by me/us now or in the future will be held and dealt with in accordance with the privacy provisions of the Westpac General Terms and Conditions.
- declare that all individuals named in this form have by signing this form consented to the disclosure of their personal information to Westpac and use of that personal information in accordance with the Westpac General Terms and Conditions.
- authorise the Administrators and Authorisers named in this form to operate Westpac Business Online subject to the administration and authorisation rules selected by me/us in this form.
- authorise the accounts nominated in this form to be accessible through Westpac Business Online and for fees and charges to be deducted from the nominated billing account.
- this form includes all relevant "Customer Information Certificates" (page 5 of the form).
- understand that, pursuant to the Westpac Business Online Terms and Conditions, my/our appointment of Authorised Persons is solely at my/our own risk and that I/we are solely responsible for any use or misuse of Westpac Business Online by Authorised Persons, and for ensuring that Authorised Persons are aware of, and comply with, all relevant terms and conditions.

**This section must be signed by two account owners (of the accounts listed in section two)** Note: This form must be signed by the correct people or it will be returned.

Please select one of the following options and sign accordingly:

- Multi Director Companies – Two Directors must sign
- Trusts or Partnerships – Two Trustees or Partners must sign
- NPOs and Schools – Two Appointed/Elected Officials must sign
- Sole Director Companies – One Director must sign and Witness section completed
- Other – Two Account Owners must sign (unless accounts have only one owner)

Note: Account Signatories are not automatically Account Owners for organisations, unless they have one of the roles listed above.

Name	<input type="text"/>	Designation	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text" value="DD / MM / YYYY"/>
Name	<input type="text"/>	Designation	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text" value="DD / MM / YYYY"/>

### Witnessed by

This section must be completed for limited companies, where there is only one director.

Name	<input type="text"/>	Address	<input type="text"/>
Occupation	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text" value="DD / MM / YYYY"/>

## SECTION THIRTEEN: RETURNING THE FORM

- Completed form must be returned by the Account Owner to your Westpac branch or to your Business Banking Manager to verify.
- When this application has been processed, we will contact the administrator(s) by phone with their initial logon details.

### Westpac use only

**Form Checklist:** (To be completed by staff member receiving this form):

- Customer Signing Authority(s) checked for consistency with Authorisation Rule (SECTION FOUR)  (Tick)
- Authorisers in SECTION TEN - ID held, tasks updated and CRS linked as related party
- Ensure SECTION TWELVE signatories are Account Owners eg Director, Partner, Trustee, President, etc
- Form checked for completeness:

### Completed By

Staff Number:

Signature:

Date:

Tick box if this is an Association Package customer   
 ('Association Package Agreement' must also be loaded. Refer Information Station).

### Business Banking Use Only:

- International
- Trade Finance CRS# (if applicable) \_\_\_\_\_
  - Dealing CRS# (if applicable) \_\_\_\_\_
  - Tick box for Credit Referral of TTs to RM

BRANCH STAMP OR  
 BUSINESS BANK STAMP  
 (MUST BE COMPLETED)

Scan and email the checked form and any other supporting documents to the 'Business Online Helpdesk'. Branch staff must use the Business Online branch template.

I understand that by completing this form I will be providing personal information about me which will be held securely by Westpac New Zealand Limited and/or any entity within the Westpac group. This information will be used now and in the future to provide me with information on the full range of financial services offered by Westpac New Zealand Limited and/or any entity within the Westpac group. I have the right to access and correct this information subject to the provisions of the Privacy Act 1993. This information may be used to update other information about me held by any member of the Westpac group. Disclosure statements under the Financial Advisers Act are available on request and free of charge from Westpac or your financial adviser.

**CIC (Bank Use Only)**

Entity CRS No: \_\_\_\_\_ Relationship \_\_\_\_\_

Branch No: \_\_\_\_\_ Manager Name \_\_\_\_\_

# Customer Information Certificate Individual - Business Online User

This form is used to record an identification document for an individual who is new to Westpac (i.e. is NOT a signatory on any Westpac account) and has been nominated as a Business Online Authoriser/Administrator.

## Information collected from individual

Westpac is, or may be, required to verify your identity and certain other information provided in this form. Please refer to Westpac's list of acceptable verification documentation available at: [www.westpac.co.nz/AML](http://www.westpac.co.nz/AML).

**A: Customer**

Name of Westpac customer that you are Acting on Behalf of

Business Online Billing Account (the account that is nominated for debiting Business Online Fees)  
(Required to match the individual to the correct Business Online arrangement)

0	3																		
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**B: Your details** Mr  Mrs  Miss  Ms  Other (please specify)

Given name/s \*

Surname\*

Date of birth \* DAY / MONTH / YEAR

Occupation

Relationship to customer

**C: Address details**

Full residential address including country (not a PO Box) \*

NUMBER &amp; STREET

SUBURB

TOWN/CITY

POSTCODE

COUNTRY

Full postal address including country  Address is same as residential, or:

NUMBER &amp; STREET

SUBURB

TOWN/CITY

POSTCODE

COUNTRY

*\*Information to be verified by Westpac***D: Acknowledgement**

I understand that by completing this form I will be providing personal information about me which will be held securely by Westpac New Zealand Limited and/or any entity within the Westpac group. This information will be used now and in the future to provide me with information on the full range of financial services offered by Westpac New Zealand Limited and/or any entity within the Westpac group. I have the right to access and correct this information subject to the provisions of the Privacy Act 1993. This information may be used to update other information about me held by any member of the Westpac group. Disclosure statements under the Financial Advisers Act are available on request and free of charge from Westpac or your financial adviser.

Signature:

Date

DD / MM / YYYY

**E: Returning the certificate**

The nominated Business Online Authoriser/Administrator must present the completed certificate in person to a Westpac branch or Business Banker, along with acceptable identification\*. **Exception:** If the individual is unable to meet with your Relationship Manager or go into a Westpac branch for any reason, they get a copy of their acceptable ID certified by a Trusted referee\*. The certified copy can be submitted along with the Business Online Application Form to a Relationship Manager or Westpac branch.

More details about acceptable identification and Trusted Referees, is available at [www.westpac.co.nz/AML](http://www.westpac.co.nz/AML)

**Westpac use only  
Note**

The individual may hand in this certificate separately or along with a 'Business Online Application' form. Complete the checklist below and scan and email the document(s) to the 'Business Online Helpdesk' – Branch staff must use the Business Online Branch template. Original documents are to be sent to Transaction Operations.

**Checklist** (to be completed by the staff member receiving this form)

(Tick)

- |   |                          |
|---|--------------------------|
| 1. Acceptable customer ID verified and copied                       | <input type="checkbox"/> |
| 2. Individual added as a Related Party to the Customer in Section A | <input type="checkbox"/> |
| 3. Enter CRS # in the box at the top of this form                   | <input type="checkbox"/> |
| 4. Email copy of this form to the 'Business Online Helpdesk'        | <input type="checkbox"/> |

**Completed By**

Staff Number:

Business Unit:

Signature:

Date

DD / MM / YYYY