



FlexEquip Online Application Form

All SECTIONS must be completed.

Once completed, please send this form to: client_services@westpac.co.nz. If you have any questions, please contact your relationship manager.

A. Your details

(This section to be completed by Director/ Partner/Sole Trader)

FlexEquip account number

Name of company/organisation

Contact name FIRST MIDDLE LAST

Daytime phone number Mobile Email

B. FlexEquip Online user roles

The two FlexEquip Online user roles are listed below in order of their authority level:

Administrator

This user has the highest level of access in FlexEquip Online. An Administrator may (a) view secured assets in the Asset Pool and (b) send requests to Westpac to add or remove secured assets from the Asset Pool.

Viewer

A Viewer may only view secured assets. Viewers cannot create and submit service requests.

Please read these instructions carefully and ensure that you fill in the correct sections of this form. If your FlexEquip Online Nominated User is:

- Already a Westpac account signatory - Please complete section C

This is applicable if the individual is either:

- registered as a business or personal signatory for a Westpac account and Westpac has a copy of their identification on record, or
- the individual is already Business Online/Corporate Online User

- New to Westpac - Please complete section D

This is applicable if the individual is not known to Westpac. Westpac is required to verify the identity of the people listed within this form who are not currently registered as a signatory on a Westpac account. Please refer to our list of acceptable verification documentation available at westpac.co.nz/AML.

C. Add administrators and viewers

(who are already signatories of a Westpac account OR have already access to Business Online/ Corporate Online)

Please tick the box to nominate as Administrator or Viewer. The email address is required to log into FlexEquip Online.

Nominated Users name

Administrator Viewer

Contact name FIRST MIDDLE LAST

Date of birth DD / MM / YYYY Email

Daytime phone number Mobile

Signature **Bank use only** CRS# of the user

Administrator Viewer

Contact name FIRST MIDDLE LAST

Date of birth DD / MM / YYYY Email

Daytime phone number Mobile

Signature **Bank use only** CRS# of the user

Administrator Viewer

Contact name FIRST MIDDLE LAST

Date of birth DD / MM / YYYY Email

Daytime phone number Mobile

Signature **Bank use only** CRS# of the user

D. Add Administrators and Viewers

(who are **not** signatories of a Westpac account)

Each nominee in this section must complete a "Customer Information Certificate," and hand it to a Westpac member of staff in person. If a nominee is unable to go into a branch, 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 Relationship Manager.

If space is required to add more Administrators/Viewers to either section C or D please attach another copy of this page.

Please tick the box to nominate as Administrator or Viewer. The email address is required to log into FlexEquip Online.

Nominated Users name

Administrator Viewer

Contact name FIRST MIDDLE LAST

Date of birth DD / MM / YYYY Email

Daytime phone number Mobile

Signature **Bank use only** CRS# of the user

Administrator Viewer

Contact name FIRST MIDDLE LAST

Date of birth DD / MM / YYYY Email

Daytime phone number Mobile

Signature **Bank use only** CRS# of the user

Administrator Viewer

Contact name FIRST MIDDLE LAST

Date of birth DD / MM / YYYY Email

Daytime phone number Mobile

Signature **Bank use only** CRS# of the user

E. Declaration and authority

I/We

- request access to FlexEquip Online and agree to be bound by the Westpac FlexEquip Online Terms and Conditions, the FlexEquip Agreement, the General Terms and Conditions and any other applicable terms and conditions Westpac tells me about (all Westpac terms and conditions are available on westpac.co.nz or at any branch)
- certify that all information provided in this form is true, correct and complete in every respect
- certify that the person(s) signing below have the authority to do so on behalf of the account holder
- declare that all Administrators and Viewers named in this form are Authorised Persons for the purposes of the Westpac FlexEquip Online Terms and Conditions
- 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 in accordance with the privacy provisions in 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 the use of that personal information in accordance with the Westpac General Terms and Conditions
- authorise the Administrators and Viewers named in this form to operate FlexEquip Online (including to add or remove assets from the Asset Pool as defined in the FlexEquip Agreement) in accordance with the administration and authorisation rules selected by me/us in this form - this form includes all relevant 'Customer Information Certificates'
- understand that, pursuant to the Westpac FlexEquip 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 FlexEquip 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 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 - Sign in accordance with the trust deed or governing document
- 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.

E. Declaration and authority
Continued

Name _____ Designation _____

Signature _____ Date DD / MM / YYYY

Name _____ Designation _____

Signature _____ Date DD / MM / YYYY

Witnessed by

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

Name _____ Occupation _____

Address _____

Signature _____ Date DD / MM / YYYY

Westpac use only

Note: The individual may hand in this certificate separately or along with a 'FlexEquip Online Application' form. Complete the checklist below and scan and email the document(s) to **FlexEquipOnline@westpac.co.nz** Original documents are to be sent to Transaction Operations.

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

1. Acceptable customer ID verified and copied
2. Individual added as a Related Party to the Customer in Section A
3. Enter CRS # in the box at the top of this form
4. Email copy of this form to **FlexEquipOnline@westpac.co.nz**

(Tick)

-
-
-
-

Completed by

Staff number: _____

Business unit: _____

Signature: _____ Date DD / MM / YYYY



Customer Information Certificate Individual - FlexEquip 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 FlexEquip Online Administrator/Viewer.

CIC (Bank use only)

Entity CRS No	_____
Branch No	_____
Relationship	_____
Manager Name	_____

Information collected from individuals

Westpac is 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 westpac.co.nz/AML.

A. Customer

Name of Westpac customer that you are Acting on Behalf of

FIRST	MIDDLE	LAST
_____	_____	_____

FlexEquip account number, this is required to match the individual to the correct FlexEquip Online arrangement.

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B. Your details

Mr Mrs Miss Ms Other (please specify) _____

Given name/s * _____

Surname _____

Date of birth DD / MM / YYYY _____ Occupation _____

Relationship to customer _____

C. Address details

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

Unit/Street number _____ Street name/type _____

Suburb _____ Town/City _____ Postcode _____

Country _____

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.

Signature _____ Date DD / MM / YYYY _____

E. Returning the certificate

The nominated FlexEquip Online Administrator/Viewer must present the completed certificate in person to a Westpac branch or Relationship Manager, 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 FlexEquip Online Application Form to a Relationship Manager or Westpac branch. More details about acceptable identification and Trusted Referees, is available at westpac.co.nz/AML

Westpac use only

Note: The individual may hand in this certificate separately or along with a 'FlexEquip Online Application' form. Complete the checklist below and scan and email the document(s) to FlexEquipOnline@westpac.co.nz Original documents are to be sent to Transaction Operations.

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

- | | |
|--|-----------------------|
| 1. Acceptable customer ID verified and copied | (Tick) |
| 2. Individual added as a Related Party to the Customer in Section A | <input type="radio"/> |
| 3. Enter CRS # in the box at the top of this form | <input type="radio"/> |
| 4. Email copy of this form to FlexEquipOnline@westpac.co.nz | <input type="radio"/> |

Completed By

Staff number: _____

Business unit: _____

Signature: _____ Date DD / MM / YYYY _____