



Dealing Account Operating Authority (NZ) Amendment Form – Changes to Authorised Signatories / Authorised Dealers

21 December 2016

To: Westpac Banking Corporation (ABN 33 007 457 141); and Westpac New Zealand Limited (Company No. 1763883) (Individually and collectively “Westpac”).
Address: Level 8, 16 Takutai Square, Auckland 1010

Important

This form changes the Authorised Signatories and Authorised Dealers covered by your existing dealing authority with Westpac.

- The people named as Authorised Signatories and Authorised Dealers in this amendment authority replace your current Authorised Signatories and Authorised Dealers for the purposes of your existing dealing authority. Otherwise, the terms of your existing dealing authority continue to apply.
- Please read this amendment authority carefully to ensure you understand it. We are happy to explain anything that is not clear.
- You must advise Westpac in writing if the information provided in this amendment authority is no longer correct. We are entitled to rely on the information in this amendment authority unless you have notified us otherwise in writing.

A. Customer

Name FULL LEGAL NAME OF CUSTOMER (“Customer” or “you”)

(Attention for correspondence. Individual must be an Authorised Signatory under section 2B of this amendment authority.)

Primary Contact FIRST MIDDLE LAST

Mr Mrs Miss Ms Other (please specify) Date of Birth DD / MM / YYYY

Position

Phone Number Fax

Email

Signature

B. Dealing Account Operating Authority and Authorised Signatories

B.1 - Authorised Dealers - Please list ALL, not just those being added/removed

By completing this amendment authority you confirm the person(s) named in this section B.1 below are Authorised Dealers which means that each such person is authorised on behalf of the Customer to:

1. agree to terms of and enter into financial markets transactions with Westpac on behalf of the Customer;
2. give instructions in relation to the entry into, rolling over of, variation of, or termination of any financial markets transactions with Westpac; and
3. request and obtain any or all information relating to the Account(s),

for the Account(s) and Product(s) named in your existing dealing authority from the date this amendment authority is entered into.

The persons named below replace all previous Authorised Dealers for the purposes of your dealing authority with Westpac.

Full Name Position Date of Birth DD / MM / YYYY

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Full Name Position Date of Birth DD / MM / YYYY

Full Name Position Date of Birth DD / MM / YYYY

Full Name Position Date of Birth DD / MM / YYYY

**B. Dealing Account
Operating Authority
and Authorised
Signatories**

Continued.

B.2 - Authorised Signatories - Please list ALL, not just those being added/removed

By completing this amendment authority you confirm the person(s) named in section B.2 below are Authorised Signatories which means that each such person is authorised on behalf of the Customer to:

1. request and obtain any or all information relating to the Account(s); and
 2. sign any requests, confirmations and notices, or other documents required to affect the entry into, rolling of, variation of, or termination of any financial markets transactions with Westpac,
- for the Account(s) and Product(s) in this document from the date this authority is entered into.

The persons named below replace all previous Authorised Signatories for the purposes of your dealing authority with Westpac.

Full Name _____

Email _____

Signature _____ DOB DD / MM / YYYY

Full Name _____

Email _____

Signature _____ DOB DD / MM / YYYY

Full Name _____

Email _____

Signature _____ DOB DD / MM / YYYY

Full Name _____

Email _____

Signature _____ DOB DD / MM / YYYY

Full Name _____

Email _____

Signature _____ DOB DD / MM / YYYY

Full Name _____

Email _____

Signature _____ DOB DD / MM / YYYY

Confirmations: Signing and Email Rule (tick one)

- Option 1** Any person(s) in the section B.2 above may act alone and is authorised to receive and confirm email confirmation.
- Option 2** Any two persons in the section B.2 above must act together and are authorised to sign confirmations.

Additional Terms

If Option 2 above is selected and you and Westpac have entered or at any time enter into an FX Master Agreement, an ISDA Master Agreement or any document that governs the confirmation then, for the purposes of Westpac issuing email confirmations and the Customer replying to Westpac accepting that email confirmation only, the following email addresses shall constitute an address for notices or communications:

1. in respect of Westpac, the email address that issues the email confirmation;
2. in respect of the Customer, the email address(es) listed in section B.2 above and a confirmation is created by the exchange of emails in the above manner.

C. Declaration

I/We agree to:

- that the people named as Authorised Signatories and Authorised Dealers in this amendment authority replace all previous Authorised Signatories and Authorised Dealers for the purposes of our dealing authority with Westpac in New Zealand, but that otherwise the terms of our existing dealing authority remain in force and effect;
- to be bound by the terms and conditions set out and/or referred to in this amendment authority in relation to the Product(s) and Account(s) in addition to any other conditions which may apply; and
- to notify Westpac in writing if the information in this amendment authority is no longer correct.

Executed by (FULL LEGAL NAME OF CUSTOMER)

Date DD / MM / YYYY

Name of Director

Director/Authorised Signatory

Date DD / MM / YYYY

Name of Director

Director/Authorised Signatory

Date DD / MM / YYYY

Witnessed by (If not signed by 2 directors, signatures to be witnessed below)

Name

Occupation

Work address NUMBER & STREET

SUBURB

TOWN/CITY

POSTCODE

Signature

Date DD / MM / YYYY

Westpac Use Only

Name of Counterparty's Relationship Manager

Customer CRS Key

Counterparty CIS Key

Counterparty CIS Name

Salary ID

Date DD / MM / YYYY

Westpac Staff Member who has sent this amendment authority to the dealing room and emailed form to CDA

Name

Salary ID

Signature

Date DD / MM / YYYY