

BusinessChoice Additional Cardholder Request Form

All fields are mandatory.

Once complete, please submit this form to your Westpac representative or branch for verification and processing.

1. Business/Principal(s) det	ails				
Business name		Facility number Note: This can be found on your BusinessChoice statement.			
Principal 1 (if applicable)		Principal 2 (if applicable)			
2. New Cardholder's details					
Please photocopy and complete in Section 6 below.	Sections 2-4 for each addition	nal Cardholder. Please specify th	ne total number of Cardholders		
Are you an existing Westpac customer? ☐ No ☐ Yes ➤		Customer number (if known)			
Title First name	Middle name	Surname			
Date of birth Driver's	s licence number				
/ /					
Are you known by any other nam	ne?				
☐ No ☐ Yes ➤ Please speci	fy				
Home address (cannot be a PO E	3ox)				
Mailing address (if different from	Home address)				
Previous address (if at current ac	Idress less than 3 yrs)				
Hama phana numbar	Work phone number	Mobile number	Occupation		
Home phone number	Work priorie number	Mobile Humber	Occupation		
Email address					
Email address					
Card limit allocation \$*		:/Branch counter (please tick ✓)			
	□\$0 □\$200 □\$300 □\$400 □\$500 □\$1,000 □\$2,000				
*Min \$1,000 per card					
Note: Any Cardholder Credit Limit allocal accompanied by a BusinessChoice Facilit Note: It is an offence under the <i>Anti-Mo</i> .	y Limit Increase request.				
3. Card delivery instruction	S				
For security reasons the Busines of a convenient Branch from wh			ease indicate the name		
Nominated branch for collection of card Insert branch BSB if known (optional)					
		-			

4. New Cardholder's consent

By signing below, I consent to the issue of a BusinessChoice Credit Card as requested in this form (the 'Card'), in my name for use as agent of the Principal(s) and/or Business named in this form. I acknowledge my use of the Card issued will be governed by the BusinessChoice Cards Terms and Conditions which will accompany the Card and by which I agree to be bound. I specifically acknowledge that I shall not incur any personal liability for use of the Card except where I use the Card after receipt of a notice of the Card's cancellation in which event my liability will be joint and several with that of the Principal(s) and/or Business. I further acknowledge and agree the Card will only be used for business purposes.

New Cardholder's signature	Date		
V	/ /		
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5. Privacy Statement and Consent Request

Privacy Statement.

All personal information and credit-related information we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at westpac.com.au/privacy/privacy-statement/ or by calling us on 132 032. Our Privacy Statement also provides information about how you can access and correct your personal information, and make a complaint. You do not have to provide us with any personal information or credit information but, if you don't, we may not be able to process your application.

Marketing Communications.

We will use your personal information to send you offers for products and services we believe may be of interest and value to you (including by email, SMS or other means) unless you have previously told us that you do not want to receive marketing offers from us. The products and services offered may be provided by us or one of our third-party partners. If you do not want to receive direct marketing offers from us, you can manage your marketing preferences in your online banking profile, let us know using the contact details in our Privacy Statement to Privacy Statement or follow the opt-out instructions in the message.

6. Business Authorisation - executed by the Business named in Section 1

This form must be signed in accordance with the current authorisation.

Westpac will not act on these instructions unless the signatories who sign this form are authorised to do so under the current authorisation and in the manner stated in the authorisation.

6.1 Authorisation (must be signed by all Facilities. Joint and Several Liability Facilities must additionally sign in 6.2).

By executing the form below, the Business declares the authorised signatories below have been authorised to execute the application on behalf of the Business requesting the changes set out in the form, by resolution passed at a legally constituted meeting of the Business in accordance with its constitution/rules, and requests Westpac to make the changes set out in the form.

Business name					
ABN	ACN		and/or ARBN		
Total number of additional Cardholders	requested				
By authorised signatory 1		Date			
X		/ /			
Print name		Title			
By authorised signatory 2		Date			
X		/ /			
Print name		Title			
Note: If a Sole Trader, the application m executed by two partners. If a Company or the company's constitution or the reposition be executed in accordance with the ass Incorporated Association (as applicable trustee. If the type of business is indicated the application must be executed by an	y, the application must olaceable rules (as app ociation's constitution e). If a Trust, the applicated as 'Other' in Section	be executed in accordicable). If an Incorpor or the replaceable rulation must be execute a 2 (e.g. Government).	dance with the Corp rated Association, the es under the relevar d by the trustee(s) i Authority, Statutory	porations Act 2000 ne application munt law governing to in their capacity a corporation, etc.	ist that is
6.2 Principal Authorisation (where the	Facility has Joint & 9	Several Liability).			
If your details are out of date, please of	_				
By signing below, the Principal(s) and r		_		Data	
Principal 1 signature	Date / /	Principal 2 signatu	re	Date / /	
Print name		Print name			

Westpac Use Only					
The below fields are mandatory to be completed by the banker:					
Has the customer completed all of the required fields in this form?					
IDV and FTR status of the Additional Cardholder(s) is compliant.					
Westpac representative has verified signature(s) and that the form is signed in terms of authority held. Complete details below.					
	OR				
Where this form has not been signed in Section 5, tick this box to confirm written authorisation (email/letter) has been obtained and signature(s) have been verified.					
Banker name		Salary number			
Phone number	Email				
Signature	Date				
X	/ /				

Westpac staff only: Once verified, please email to commercialcards@westpac.com.au