



# BusinessChoice change of address or business contact person form

This form is to be used to change the address and/or the business contact person of the Business for your BusinessChoice Cards facility (“**Facility**”). Please add your information onto this form, print, and sign. Once complete, please submit this form to your Westpac representative or branch for verification and processing.

**All fields are mandatory.**

Facility number

Note: This can be found on your BusinessChoice statement.

Business name

## 1. Change of Facility address

Please enter the new registered or postal address for your Facility below.

**Note:** As Facility statements are sent to postal addresses when provided, completion of the postal address will alter the statement address for your Facility.

Registered business address (cannot be a P.O. Box)

Town/Suburb

State

Postcode

Country

Postal address

Town/Suburb

State

Postcode

Country

## 2. Change of Card delivery address

Please enter the new Card delivery address for Cards on this Facility. Note: This will only alter the mailing address for any Cards that need to be re-issued/replaced. New additional Cardholder's Card(s) will be sent to the Branch.

Postal address

Town/Suburb

State

Postcode

Country

OR

Branch

BSB

Note: You can use the Branch Locator on our website to find this.

### 3. Change of business contact person details

Please enter the new details of your contact person below. This must be a person who represents your business (e.g. manager, secretary).

Title	Full name of new contact person
<input type="text"/>	<input type="text"/>
Phone number of new contact person	Email of new contact person
( <input type="text"/> )	<input type="text"/>

#### Business Contact's Consent

By signing below the person named in this application as the Business Contact consents to be the contact for all notices, correspondence, and other communication about the BusinessChoice Cards Facility as agent of the Business named above.

#### Business Contact's signature

<input type="text" value="X"/>	Date
	<input type="text" value="/ /"/>

### 4. Business Authorisation – executed by the Business named in this form

**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.

#### 4.1 Authorisation (must be signed by all Facilities. Joint and Several Liability Facilities must additionally sign in 4.2)

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### By authorised signatory 1

<input type="text" value="X"/>	Date
	<input type="text" value="/ /"/>

Print name

Title

#### By authorised signatory 2

<input type="text" value="X"/>	Date
	<input type="text" value="/ /"/>

Print name

Title

Note: If a Sole Trader, the application must be executed by that Sole Trader. If a Partnership, the application must be executed by two partners. If a Company, the application must be executed in accordance with the *Corporations Act 2001* or the company's constitution or the replaceable rules (as applicable). If an Incorporated Association, the application must be executed in accordance with the association's constitution or the replaceable rules under the relevant law governing that Incorporated Association (as applicable). If a Trust, the application must be executed by the trustee(s) in their capacity as trustee. If the type of business is indicated as "Other" in Section 2 (e.g. Government Authority, Statutory Corporation, etc.) the application must be executed by an authorised person(s) in accordance with relevant laws which govern the entity.

**4.2 Principal Authorisation (where the Facility has Joint & Several Liability).**

If your details are out of date, please contact us before signing the below.

By signing below, the Principal(s) requests Westpac make the changes set out in this form.

Principal 1 Signature

Date

Principal 2 Signature

Date

Print Name

Print Name

**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/](http://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](#) or follow the opt-out instructions in the message.

**Westpac use only**

The below questions are mandatory to be completed prior to submission.

- Has the customer completed all of the required fields in this form?
- 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 4, tick this box to confirm written authorisation (email/letter) has been obtained and signature(s) have been verified.

Banker name

Phone number

Email

Salary number

Signature

Date

**Westpac staff only:** Once verified, please email to [commercialcards@westpac.com.au](mailto:commercialcards@westpac.com.au)