



BusinessChoice Reprint Statement Request

Complete this form each time you want to reprint a statement.

Once this form has been completed and verified by your Westpac representative or branch, please forward to vore@westpac.com.au

All fields here are mandatory.

Business name	Facility number Note: You can find this on your BusinessChoice statement.
<input type="text"/>	<input type="text"/>
Card number (16 digits)	Card name
<input type="text"/>	<input type="text"/>

Section 1 - Reprint statement

Card Account Statement

<input type="checkbox"/> Reprint Card Account statement closing date of required statement(s)	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
<input type="checkbox"/> Reprint Card Account statement	<input type="text" value="/ /"/>	To	<input type="text" value="/ /"/>

Billing Account Statement

<input type="checkbox"/> Reprint Billing Account statement closing date of required statement(s)	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
<input type="checkbox"/> Reprint Billing Account statement	<input type="text" value="/ /"/>	To	<input type="text" value="/ /"/>

Statement to be Mailed **OR** Emailed

Please note: request greater than 15 pages will be mailed

Section 2 - Mailing details

Requestor name		
<input type="text"/>		
Mailing address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact phone number	Email address	
<input type="text" value="()"/>	<input type="text"/>	

Section 3 – 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.

3.1 Authorisation (must be signed by all Facilities. Joint and Several Liability Facilities must additionally sign in 3.2).

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

By authorised signatory 1

X

Print name

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

By authorised signatory 2

X

Print name

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

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.

3.2 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

X

Print name	Date
<input type="text"/>	<input type="text" value="/ /"/>

Principal 2 Signature

X

Print name	Date
<input type="text"/>	<input type="text" value="/ /"/>

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](#) or follow the opt-out instructions in the message.

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?
- 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 3, tick this box to confirm written authorisation (email/letter/fax) has been obtained and signature(s) have been verified.

Banker name

Phone number

Email

Salary number

Signature

Date