

BusinessChoice Card cancellation request

Complete this form each time you want to cancel one or more individual Cards.

Please add your information below, print, and sign. Once complete, please submit this form to your Westpac representative

| or branch for verification and proce | essing. | |
|---|----------------------------|---|
| All fields are mandatory. | | |
| Facility number (Note: You can find this on your BusinessChoice statement.) | | Business name |
| | | |
| 1. Individual card(s) | | |
| i. ilidividual cald(3) | | |
| Please list below any individual Carcomplete Section 2. | d(s) that you want to cand | cel and transfer the remaining credit balance (if any) then |
| Note: If you also want to close the F | acility please complete B | usinessChoice Company/Facility Closure form. |
| Cardholder number (16 digits) | Cardholder name | Destination BSB and account number for credit balance |
| | | |
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Please Note:

IF YOU HAVE ANY DIRECT DEBITS, PLEASE CANCEL WITH THE MERCHANT TO AVOID ANY RECURRING CHARGES.

2. 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.

2.1 Authorisation (must be signed by all Facilities. Joint and Several Liability Facilities must additionally sign in 2.2).

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.

| 2. Business Authorisation - executed by the Business | named in this form (continued) | |
|--|--|--|
| Business name | | |
| | | |
| ABN ACN | and/or ARBN | |
| | | |
| By authorised signatory 1 | Date | |
| V | / / | |
| ^ | | |
| Print name | Title | |
| | | |
| By authorised signatory 2 | Date | |
| X | / / | |
| | | |
| Print name | Title | |
| | | |
| executed by two partners. If a Company, the application must or the company's constitution or the replaceable rules (as apple executed in accordance with the association's constitution incorporated Association (as applicable). If a Trust, the application trustee. If the type of business is indicated as "Other" in Section the application must be executed by an authorised person(s) | olicable). If an Incorporated Association, the application must or the replaceable rules under the relevant law governing that ation must be executed by the trustee(s) in their capacity as on 2 (e.g. Government Authority, Statutory Corporation, etc.) | |
| 2.2 Principal Authorisation (where the Facility has Joint & Se | everal Liability). | |
| If your details are out of date, please contact us before significant | ng the below. | |
| By signing below, the Principal(s) requests Westpac make the changes set out in this form. | | |
| Principal 1 Signature | Date | |
| Y | / / | |
| | | |
| Print name | | |
| | | |
| Principal 2 Signature | Date | |
| × | | |
| 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/ 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 ban | ker: |
| Has the customer completed all of the required fields in the | is form? |
| Westpac representative has verified signature(s) and that Complete details below. | the form is signed in terms of authority held. |
| | OR |
| Where this form has not been signed in Section 2, tick this obtained and signature(s) have been verified. | box to confirm written authorisation (email/letter) has been |
| Banker name | Phone number |
| | () |
| Email | Salary number |
| | |
| Signature | Date |
| X | / / |

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