

Adelaide Cash Management Account Application Form



**This application form is from the Adelaide Cash Management Account and for related transaction services.
You should read the Adelaide Cash Management Account Product Guide prior to completing this application form**

Account name:

A. INDIVIDUAL / JOINT / SOLE TRADER

APPLICANT 1

APPLICANT 2

Individuals not residing in Australia are required to provide additional Know Your Customer information.
Please phone 1800 224 124 or +618 8300 6111 (if from overseas) for assistance.

Title (Mr/Mrs/Miss/Ms/Dr/Other):

First name(s):

Last name:

Residential address (PO Box is not acceptable):

Postcode:

Please note that security code(s) and Cashcard(s) will be mailed to the residential address of the person to whom they are issued.

Work phone number: Home phone number:
() ()

Mobile phone number: Date of birth: / /

Email address:

Business name (sole trader):

ABN:

Principal place of business address:

Postcode:

Title (Mr/Mrs/Miss/Ms/Dr/Other):

First name(s):

Last name:

Residential address (PO Box is not acceptable):

Postcode:

Please note that security code(s) and Cashcard(s) will be mailed to the residential address of the person to whom they are issued.

Work phone number: Home phone number:
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Mobile phone number: Date of birth: / /

Email address:

Business name (sole trader):

ABN:

Principal place of business address:

Postcode:

B. AUSTRALIAN COMPANY

Foreign companies may be required to provide additional Know Your Customer information.
Please phone 1800 224 124 or +618 8300 6111 (if from overseas) for assistance.

Full name of company (as registered with ASIC): ACN:

Registered office address (PO Box is not acceptable):

Postcode:

Principal place of business address (PO Box is not acceptable):

Postcode:

Company type: Proprietary Public (If Public, proceed to section H)

Is the company regulated (licensed by Australian Commonwealth, State or Territory statutory regulator):

No Yes - Please specify Regulator name: Licence details:

Details of Director(s)

The full name of all Directors must be provided for proprietary companies (attached additional page(s) if necessary).

Title: First name(s):

Last name:

Title: First name(s):

Last name:

Note: If you would like to operate this account, please complete section A as well as section B.

Details of shareholder(s)

To be completed for each individual who owns 25% of the issued capital of a proprietary or private company (except companies licensed and subject to Australian regulatory oversight).

Title: First name(s):

Last name:

Residential address (PO Box is not acceptable):

Postcode:

Title: First name(s):

Last name:

Residential address (PO Box is not acceptable):

Postcode:

C. TRUST / SUPERANNUATION FUND

Full name of Trust/Superannuation Fund:

Full business name of the Trustee in respect of the Trust (if any):

Country in which Trust was established:

Type of Trust (e.g. Managed Investment Scheme, Regulated Trust, Self Managed or Government Superannuation fund, other - please specify):

Details of Beneficiary

Trusts licensed and subject to Australian regulatory oversight do not need to complete this section (e.g. Managed Investment Scheme, Superannuation Funds). If there are more than two Beneficiaries attach additional page(s).

Title: First name(s):

Last name:

Title: First name(s):

Last name:

If the terms of the Trust identifies the beneficiaries by reference to membership of a class, provide details of the class(es):

Details of Trustee(s)

One Trustee must complete the section above (individual or company) in all cases. In addition, all other Trustees must complete the relevant section above (individual or company) unless the Trust is licensed and subject to Australian regulatory oversight.

Note: If you would like to operate this account, please complete section A and/or section B (where relevant) as well as section C.

D. ASSOCIATION / CO-OPERATIVE

Incorporated Association

Unincorporated Association

Co-operative

Full name of Association/Co-operative:

Any identifying number (issued upon incorporation/registration):

Registered office or Principal Place of Operations (PO Box is not acceptable):

Postcode:

Officer details

Name of public officer (or President/Secretary/Treasurer if no public officer):

Title: First name(s):

Last name:

Position title (Public officer/Secretary/Treasurer/President)

Address of public officer or principal place of operations (PO Box is not acceptable):

Postcode:

Chairman

Title: First name(s):

Last name:

Secretary

Title: First name(s):

Last name:

Treasurer

Title: First name(s):

Last name:

The Chairman, Secretary or Treasurer must complete the individual customer identification requirements, refer to section A.

E. PARTNERSHIP

Full name of Partnership:

Registered business name of the Partnership (if any):

Country in which Partnership was established:

Details of Partner(s)

Each Partner must complete the individual customer identification requirements, refer to section A. Where the Partnership is a member of a professional association only one partner is required to complete the individual customer identification requirements. If there are more than two partners attach additional page(s).

F. GOVERNMENT BODIES

Full name of Government Body:

Address of Principal Place of Operations (PO Box is not acceptable):

Postcode:

Is this Government Body established under legislation of the:

Commonwealth of Australia

Australian State or Territory (specify in space provided)

Foreign Country Government (specify in space provided)

G. MAILING ADDRESS

Unit: Street number: Street name or PO Box:

Suburb:

State:

Postcode:

H. INVESTMENT DETAILS

\$ (minimum \$1,000.00) Note: Cash is not accepted.

I. TRANSACTION SERVICES

If you would like a cheque book what size cheque book would you like? 35 Cheques 75 Cheques

Please complete the following details if you require a Cashcard(s):

Applicant 1

Name to appear on Cashcard

Mother's maiden name (for security/identification purposes)

Applicant 2

Name to appear on Cashcard

Mother's maiden name (for security/identification purposes)

(If there are more than two applicants please attach details separately)

If you would like to apply for a Regular Payment please complete the Regular Payments Application Form.

J. ACCOUNT OPERATING AUTHORITY

Please indicate how you wish to operate your account Any one of us to sign All of us to sign

If you select 'any one of us to sign', each of you (including any person you appoint as an authorised operator) will be able to transact on or otherwise operate your account independently of the others. If you select 'all of us to sign', you will not be able to operate your account using Express Line telephone banking, online banking or using a Cashcard. You can change the account operating authority at any time by written request signed by all account holders.

If you do not select an option we will assume that 'any one of us to sign' option will apply.

TAX FILE NUMBER COLLECTION AND EXEMPTION

It is not an offence if you decide not to supply us with your tax file number (TFN). However, if you do not supply us with your TFN we will be required to deduct withholding tax from income paid to you, calculated at the highest marginal tax rate plus the Medicare Levy, and forward it to the Australian Taxation Office.

If you choose to supply us with your TFN(s), please tick (✓) applicable box and complete the TFN details:

I <input type="checkbox"/>	Individual	Name of applicant 1 (or entity):	Name of applicant 2:
J <input type="checkbox"/>	Joint	<input type="text"/>	<input type="text"/>
P <input type="checkbox"/>	Partnership	Tax file number:	Tax file number:
C <input type="checkbox"/>	Company	<input type="text"/>	<input type="text"/>
A <input type="checkbox"/>	Association/ Co-operative		
T <input type="checkbox"/>	Trust		
S <input type="checkbox"/>	Superfund		
G <input type="checkbox"/>	Government Body		

