



Rabobank

December 2011

# Cash Management Account Application

*Everyday flexibility and a great rate*

**Rabobank Australia Limited**

ABN 50 001 621 129 AFSL 234 700

To contact your nearest branch  
please call 1300 30 30 33

[www.rabobank.com.au](http://www.rabobank.com.au)

Indicate the type of account and the amount you wish to open with:

Cash Management Account \$  (minimum opening deposit is \$20,000)

Premium Cash Management Account \$  (if you are offered a Premium Cash Management Account, the minimum opening deposit is \$100,000, with cheque book access.)

You should read the Cash Management Account/Premium Cash Managed Account Conditions of Use, Rabobank Visa Debit Card Conditions of Use, the Rabobank Internet Banking Conditions of Use and the Fees Schedule before making a decision to acquire this product.

## Cash Management Account (CMA) opening checklist and helpful hints

Are you opening the CMA under your existing Rabobank Client or Account number and name?

If yes please follow **1**, if no go to **2**.

If you wish to amend your existing Account Operating Authority for your client number, please use the form attached.

Please note that sections marked "→" may require signatures.

### 1 Current Rabobank client

- **Section A** – Provide your existing client number (7 digits).
- **Section D** – Provide your preferred Nominated Account for Direct Debit and Direct Credit Authority.
- **Section E** – Complete in case of minor under age of 18.
- **Section F** – Elect whether you wish to quote your tax file number or tax exemption certificate.
- **Section H** – Execution of the document to open the account. (Please review Conditions of Use prior to signing.)

Amend your existing Account Operating Authority if applicable.

If you do not want to create a new Account Operating Authority or amend your existing Account Operation Authority, do not complete page 9 to 15.

### 2 New Rabobank client

- **Section B** – Provide full details of new account name.
- **Section C** – Provide Rabobank with the appropriate documents to verify identity as detailed in the Client Verification Checklist.
- **Section D** – Provide your preferred Nominated Account for Direct Debit and Direct Credit Authority.
- **Section E** – Complete in case of minor under age of 18.
- **Section F** – Elect whether you wish to quote your tax file number / ABN or tax exemption certificate.
- **Section H** – Execution of the document to open the account. (Please review Conditions of Use prior to signing.)

Complete the Account Operating Authority.

#### Please note the following:

- All Account Owner(s) and Authorised Signatories must be identified by Rabobank.
- Original form and any identification must be forwarded to:  
Rabobank  
Client Services  
Reply Paid 4577  
Sydney NSW 2001

#### Contact Details – Freecall

Client Services team  
1800 632 113  
(between the hours of 8.00am – 6.00pm Sydney time)

Please read this section before completing the application, it contains important information.

Account Owners can operate accounts under the Client Number this application relates to, by phone and by written instruction, including facsimile and secure message through Rabobank Internet Banking.

If the account(s) under the Client Number is jointly owned, each Account Owner may operate the account(s) independently and each Account Owner is individually and jointly liable for all amounts and charges due to Rabobank on the account(s). Account Owners will have full access to the account(s) under this Client Number and can operate, make transactions on and withdraw from the account(s). Note that Rabobank may refuse to act on any instructions which it considers may be invalid or unlawful or if it considers there is a dispute between the joint Account Owners. Note that Rabobank will refuse to act on instructions if it is notified there is a dispute between the joint Account Owners.

Account Owners may also nominate individuals who are not Account Owners to operate all of the accounts under the Client Number, being Authorised Signatories. Such Authorised Signatories can operate the account(s) individually at the access level chosen.

If the Account Owners appoint a Authorised Signatory to operate and access all of the account(s) under this Client Number (including by card access), the Account Owners will be responsible for the operation of the account and for all transactions made and debts incurred by a Authorised Signatory/ies using the card. An Authorised Signatory's authority to operate on the account(s) can be cancelled at any time, if Rabobank is notified in writing.

Account Owners can amend the existing instructions on the account(s) under this Client Number by completing a new Account Operating Authority form and indicating that instructions are to be amended. Any such amendment will apply to all accounts under the Client Number.

### 1. Authorised Signatory Access Level

**Unrestricted** – Authorised Signatories can make payments from all of the account(s) under the Client Number as if they were an Account Owner (including to an account other than the Nominated Account).

**Restricted to Nominated Accounts** – Authorised Signatories can make payments from all of the account(s) under the Clients Number but only to the Nominated Account(s) (or for Rabobank Internet Banking, an account on the Accounts Payee List).

**No Access** – Authorised Signatories can not make any payments from any of the account(s) under the Client Number.

### 2. Internet Access Level

Account Owners have Full Access via Rabobank Internet Banking to all accounts under the Client Number (i.e. Account Owners can make payments and rate bookings via Rabobank Internet Banking without restriction). Account Owners may also nominate Authorised Signatories to operate all of the account(s) on Rabobank Internet Banking individually, according to the access level chosen.

To use Rabobank Internet Banking one of the Account Owners or Authorised Signatories must be nominated as the Nominated Internet Banking Administrator, with Full Access. The Nominated Internet Banking Administrator is responsible for setting and controlling the access of the Delegated User(s) for all accounts under the Client Number.

**Rabobank Internet Banking Access Levels include:**

**Full Access** – Access to all accounts under the Client Number and make payments without restriction.

**Delegated User** – Access limited by restrictions (as determined by the Nominated Internet Banking Administrator). Restrictions may apply to viewing accounts and/or making payments using Rabobank Internet Banking for the Client Number the authority relates to.

### 3. Card Access

If an Authorised Signatory has card access to the account(s) under a Client Number, the Account Owners must nominate which account(s) the card is linked to and the limits that are applied to that card. Account Owners may ask Rabobank to stop the Authorised Signatory's card access to the account(s) by attending a branch or phoning 1800 025 484. If an account owner is a company, Rabobank will accept telephone instructions from a director of the company to temporarily change the daily maximum transaction limit that applies to a card linked to the account.

Account Owners can request to cancel a subsidiary card. However, Account Owners will remain liable for any debt that the subsidiary cardholder incurs until the subsidiary card is surrendered or the Account Owners have taken all reasonable steps to have the card returned to Rabobank. Account Owners will not be liable for the continuing use of a subsidiary card after the Account Owners request Rabobank to cancel the subsidiary card and when the Account Owners have taken all reasonable steps to have the subsidiary card returned to us.

Please note: if two accounts, under different Client Numbers, are being linked to a card, an Account Operating Authority must be in place for each Client Number and the card limits cannot vary. Options for Daily Transaction Limits are set out in the table below.

	Option 1	Option 2	Option 3
Total cash withdrawals at ATMs and EFTPOS devices	Lower of \$5,000 and total Available Funds in account being accessed	\$0	Lower of \$1,000 and total Available Funds in account being accessed
Total purchases at EFTPOS devices	Lower of \$10,000 and total Available Funds in account being accessed	Lower of \$5,000 and total Available Funds in account being accessed	Lower of \$10,000 and total Available Funds in account being accessed
Total cash withdrawals and purchases at ATMs and EFTPOS devices	Lower of \$10,000 and total Available Funds in account being accessed	N/A (no cash withdrawals allowed)	Lower of \$10,000 and total Available Funds in account being accessed

### 4. Cheque Access

Rabobank may offer you a cheque book. Account Owners may also nominate Authorised Signatories to sign any cheque issued on an account under the Client Number. Legal requirements of the cheque book personalisation are the responsibility of the Account Owner(s).



3. Mr/Mrs/Miss/Ms Given names Surname Date of birth/incorporation  
    / /

Company name/Trustee and Trust name (if applicable) ACN/ABN (if applicable)

Residential/Registered address  
 State Postcode

Entity type  Individual  Company  Trust  Body Corp (other than a company)  Unincorp Assoc

Has Rabobank verified your identity?  Yes  No

If no, please provide Rabobank with the appropriate documents to verify identity as detailed in the Client Verification Checklist. If yes, please advise under which Account number or name.

Client name Client number

Account name Account number  
  -

4. Mr/Mrs/Miss/Ms Given names Surname Date of birth/incorporation  
   / /

Company name/Trustee and Trust name (if applicable) ACN/ABN (if applicable)

Residential/Registered address  
 State Postcode

Entity type  Individual  Company  Trust  Body Corp (other than a company)  Unincorp Assoc

Has Rabobank verified your identity?  Yes  No

If no, please provide Rabobank with the appropriate documents to verify identity as detailed in the Client Verification Checklist. If yes, please advise under which Account number or name.

Client name Client number

Account name Account number  
  -

**Important:** If any of the Account Owners are a Body Corporate please provide a certified copy of the Certificate of Incorporation and/or if operating under a Business Name please provide a certified copy of the Certificate of Registration of that name for each state or territory if not already provided to Rabobank.

If any of the Account Owners are operating as a Company please provide details of Company Directors and Company Secretaries.

Full name	Designation/Position	Company name
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Important:** If any of the Account Owners are a Trust please provide a certified extract of the Trust Deed if not already provided to Rabobank.

If any of the Account Owners are operating as a Trustee, please list each named primary beneficiary.

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

Type of Trust  Discretionary  Unit  Other \_\_\_\_\_

## Section D Direct Debit and Direct Credit Authority

### Account to be Credited from this Account

Restricted Authorised Signatories (refer to page 2 Authorised Signatory Access Level) can make payments from the account(s) under the Client Number, but only to the Nominated Account(s) listed below. Unless otherwise indicated, the first account listed below will be the default Nominated Account. All accounts must be accounts with Australian financial institutions.

#### 1. Default Nominated Account name

Account number

Bank/Financial institution name

Bank/Financial institution address

BSB No.

#### 2. Account name

Account number

Bank/Financial institution name

Bank/Financial institution address

BSB No.

### Bank Account to be Debited (All accounts must be from Australian financial institutions)

Account name

Account number

Bank/Financial institution name

Bank/Financial institution address

BSB No.

### Payment Details

All amounts as instructed from time to time by Signatories to the account.

AND/OR

An amount of \$  to open this Cash Management Account.

### Authorisation by Signatories of Bank Account to be Debited

I/We authorise and request Rabobank Australia Limited (166101), until further notice in writing, to debit the above bank account with any amounts set out in this application form and all amounts instructed from time to time. I/We have read and agree to the Direct Debit Service Agreement (in section 4 of the Cash Management Account/Premium Cash Management Account Condition of Use document) which applies to this direct debit arrangement.



Signature

Signature

Name

Date

Name

Date

## Section E Minors

If any Account Owner or Authorised Signatory is under 18 years of age, the Account Owner(s) fully indemnify Rabobank for any loss it may suffer in respect of the Account or its operation. If the minor is the sole Account Owner, a parent or guardian who is 18 years of age or over must sign below and thereby give the same indemnity. This indemnity is limited to \$50,000 plus any fees and interest. Any person giving such an indemnity may become liable under that indemnity instead of, or as well as, the minor. Independent legal advice should be sought before giving such an indemnity. Rabobank does not apply the tax free threshold to accounts owned by minors. If you are eligible, you will need to obtain a rebate from the ATO.

Mr/Mrs/Miss/Ms

Given names of parent or guardian

Surname of parent or guardian

Residential address (not PO Box)

State

Postcode

Full name of minor

Date of birth of minor



Signature of parent or guardian

Date

## Section F Account Owner(s) Tax File Number (TFN) and Australian Business Number (ABN) Options

Without a TFN (or Exemption) or ABN tax may be deducted, at the top marginal rate plus Medicare levy, by Rabobank from interest paid on any credit balance at the time it is paid. Quotation of your TFN/Exemption to Rabobank is authorised, and its use and disclosure are strictly regulated, by the tax laws and privacy legislation. You are not required by law to quote your TFN/Exemption/ABN if you do not wish to do so. For more information, contact the ATO on 13 28 61. Quotation of your TFN/Exemption/ABN will automatically also apply to any present and future accounts under this Client Number unless you notify Rabobank otherwise.

I/We wish to quote a TFN/Exemption/ABN (complete below)

I/We do not wish to quote a TFN/Exemption/ABN for this account

1. Name of Account Owner

TFN/ABN/Exemption type

2. Name of Account Owner

TFN/ABN/Exemption type

3. Name of Account Owner

TFN/ABN/Exemption type

4. Name of Account Owner

TFN/ABN/Exemption type

## Section G Privacy Consent

Each person signing this application hereby consents to the personal information about them collected in relation to this Client Number being disclosed to entities related to Rabobank, Rabobank's contractors and relevant government authorities and used for the opening and operation of accounts with Rabobank and its related entities. Rabobank and its related entities may use the information for marketing (including marketing by electronic means) and internal research purposes, and each person signing this application consents to being contacted on an ongoing basis by Rabobank and its related entities by telephone for marketing purposes. Each person can contact Rabobank on its Privacy Number on 1800 825 484 if they do not want this to occur and each person can gain access to their information by contacting any Rabobank branch on 1300 30 30 33. If all the information requested is not provided, Rabobank may not be able to provide the account(s) in the manner requested or at all.

## Section H Execution and Declaration (all Account Owners must sign this section)

- 1) I/We acknowledge that before signing this Application Form I/we have received and have had the opportunity to read a copy of Cash Management Account/Premium Cash Managed Account Conditions of Use, Rabobank Visa Debit Card Conditions of Use, the Rabobank Internet Banking Conditions of Use and the Fees Schedule. These documents are available by calling Client Services on 1800 632 113.
- 2) I/We understand that it is an offence to open or operate an account or facility in a false name and that I/we must specify all the names by which I/we are commonly known.
- 3) If this Application Form is signed pursuant to a power of attorney, I/we declare that I/we have not received notice of its revocation.
- 4) I/We certify that all the information provided in this application or otherwise provided to Rabobank is true and complete and not misleading and I/we have not withheld any information that might have caused Rabobank not to agree to open the Account. Each of us consents to the matters set out in this Application Form.
- 5) Each of us consents to the matters contained in Section G, concerning personal information collected.
- 6) I am / We are being made this offer in Australia.
- 7) I/We agree to receive Financial Services Guides and supplementary Financial Services Guides from Rabobank or its related entities by having them made available via [www.rabobank.com.au](http://www.rabobank.com.au) or such other internet website notified to me/us and represent and warrant that I/we have received in printable form and read and understood the Financial Services Guide of Rabobank prior to signing this Application Form.
- 8) I/We acknowledge this application is not effective until it is received and accepted by Rabobank. It supersedes any prior contradictory authority.
- 9) Under these terms and conditions I/we request you to accept the application for the Cash Management Account/Premium Cash Management Account (as the case may be).

### Signing of application

**Individuals:** All individuals to sign personally. **Partnership:** All partners to sign personally. **Company:** Two directors, a director and a company secretary, or the sole director/sole company secretary to sign, Seal is optional. Other Bodies Corporate in accordance with relevant authority. Please note that the application must be completed in the name(s) of the trustee(s) personally, but may include the name of the trust. **Attorney(s):** Where the Application Form is signed by attorney(s), a certified copy of the original power of attorney must be attached.

**Execution by Individuals**

<p>➔ 1. Signature of Account Owner</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Name of Account Owner <span style="float: right;">Date</span></p> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 60%;"></div> <div style="border: 1px solid black; width: 20%; text-align: center;">/ /</div> </div>	<p>3. Signature of Account Owner</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Name of Account Owner <span style="float: right;">Date</span></p> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 60%;"></div> <div style="border: 1px solid black; width: 20%; text-align: center;">/ /</div> </div>
<p>➔ 2. Signature of Account Owner</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Name of Account Owner <span style="float: right;">Date</span></p> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 60%;"></div> <div style="border: 1px solid black; width: 20%; text-align: center;">/ /</div> </div>	<p>4. Signature of Account Owner</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Name of Account Owner <span style="float: right;">Date</span></p> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 60%;"></div> <div style="border: 1px solid black; width: 20%; text-align: center;">/ /</div> </div>

**Declaration by Companies**

1. Executed by  ACN

by the person(s) named below in accordance with its constitution and section 127(1) of the Corporations Act:

**OR**

The common seal of

ACN    was affixed in accordance with its constitution and section 127(2) of the Corporations Act in the presence of the person(s) named below:

<p>➔ Signature of Sole Director &amp; Sole Secretary/Director</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Name of Sole Director and Sole Secretary/Director (delete whichever is not applicable)</p> <div style="border: 1px solid black; width: 100%;"></div>	<p>Signature of Director/Secretary</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Name of Director/Secretary (delete whichever is not applicable)</p> <div style="border: 1px solid black; width: 100%;"></div>	<p>Affix Company Seal here (if applicable)</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Date</p> <div style="border: 1px solid black; width: 100%; text-align: center;">/ /</div>
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**NOTE:** If the company's common seal is **not** affixed in the space provided above, then the Bank is entitled to presume that this document has been signed by the company pursuant to section 127(1) of the Corporations Act.

2. Executed by  ACN

by the person(s) named below in accordance with its constitution and section 127(1) of the Corporations Act:

**OR**

The common seal of

ACN    was affixed in accordance with its constitution and section 127(2) of the Corporations Act in the presence of the person(s) named below:

<p>➔ Signature of Sole Director &amp; Sole Secretary/Director</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Name of Sole Director and Sole Secretary/Director (delete whichever is not applicable)</p> <div style="border: 1px solid black; width: 100%;"></div>	<p>Signature of Director/Secretary</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Name of Director/Secretary (delete whichever is not applicable)</p> <div style="border: 1px solid black; width: 100%;"></div>	<p>Affix Company Seal here (if applicable)</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Date</p> <div style="border: 1px solid black; width: 100%; text-align: center;">/ /</div>
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**NOTE:** If the company's common seal is **not** affixed in the space provided above, then the Bank is entitled to presume that this document has been signed by the company pursuant to section 127(1) of the Corporations Act.

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**Rabobank**

April 2011

# Account Operating Authority

*Talk to the world's leading food and agribusiness bank*

**Rabobank Australia Limited**  
ABN 50 001 621 129 AFSL 234 700

To contact your nearest branch  
please call 1300 30 30 33

[www.rabobank.com.au](http://www.rabobank.com.au)

**Indicate your option:**

Create a new Account Operating Authority.

Amend the existing Account Operating Authority on your existing Rabobank Client number.

Only complete the sections where details are to be amended. (Note: all facilities under this Client Number will be affected by this amendment)

You must ensure you and all Authorised Signatories read a copy of the Cash Management Account / Premium Cash Management Account Conditions of Use and have been identified by Rabobank.

## Account Operating Authority checklist and helpful hints

Please note that sections marked "→" may require signatures.

### 1 Create a new Account Operating Authority

- **Section A** – Provide full details of your Nominated Internet Banking Administrator.
- **Section B** – Complete in full.
- **Section D** – All Account Owners to sign.

### 2 Amend the existing Account Operating Authority

- **Section A** – Provide full details of your Nominated Internet Banking Administrator.
- **Section B** – Complete as necessary to advise the changes to your Account Operating Authority.
- **Section D** – All Account Owners to sign.

**Please note the following:**

- All Account Owner(s) and Authorised Signatories must be identified by Rabobank.
- Original form and any identification must be forwarded to:  
Rabobank  
Client Services  
Reply Paid 4577  
Sydney NSW 2001

**Contact Details – Freecall**

Client Services team  
1800 632 113  
(between the hours of 8.00am – 6.00pm Sydney time)

## Section A Nominated Internet Banking Administrator

The Nominated Internet Banking Administrator is the user nominated to be responsible for setting and controlling the access restrictions of current and future Delegated Users for any accounts under the Client Number. The Nominated Internet Banking Administrator must be an Authorised Signatory with Full Access to Rabobank Internet Banking.

Mr/Mrs/Miss/Ms

Given names

Surname







## Section B Authorised Signatory 4

Please tick one:  I am an Account Owner.  
 New Authorised Signatory.  
 Amend – to amend an existing Authorised Signatory. Complete the Given names and Surname fields, plus other fields to be amended.  
 Remove – to remove an existing Authorised Signatory. Complete the Given names and Surnames field only.

Mr/Mrs/Miss/Ms	Given names	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	Mother's maiden name	Telephone (home)	Telephone (work)
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address (MANDATORY for Internet Banking access)	Telephone (mobile)	Driver's licence no.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential address (not PO Box)			
<input type="text"/>		State	Postcode

Postal address (for delivery of Authorised Signatory's VISA Debit Card(s), cheque book(s) and/or Rabobank Internet Banking token)

State Postcode

### Account Access Options

1. Please nominate the Level of Access for written, telephone and facsimile instruction for payments on all accounts. Please note all Account Owners must be unrestricted.

Select the Authorised Signatory Access Level  Unrestricted  Restricted to Nominated Accounts to be credited  No Access

2. Do you require Internet Banking access?  Yes  No

If yes, please indicate Access Level  Full Access (all Account Owners must have full access)  Delegated User

3. Do you require a Rabobank VISA Debit Card?  Yes  No  Or require a link to an existing Rabobank Card (enter Card Number below)

Daily Transaction Limit for a new Card  Option 1 (refer to page 2)  Option 2 (refer to page 2)  Option 3 (refer to page 2)

4. Which accounts will this Card access?

Primary (i.e. to be accessed by the Cheque/Credit buttons)         -   or  New CMA

Secondary (i.e. to be accessed by the Savings button only)         -   or  New CMA

5. Please write the name to be printed on your new Card

Signatory name

Trading name of business (if applicable)

### Not applicable for the Standard Cash Management Account

6. Do you need to be able to sign cheques for this client?  Yes  No

7. Do you require a cheque book?  Standard 50  Large 50  Large 100  No

8. Please select book type  Marked 'Not Negotiable'  Deposit book required

9. Which account will the cheque book be accessing?         -   or  New Premium CMA account

10. Please write the name to be printed on the cheque book:

11. Postal address (for delivery of Authorised Signatory's cheque book(s))

State Postcode



Signature of Authorised Signatory

Date

/  /

By signing, I agree to comply with the Conditions of Use of the account(s), the Rabobank Internet Banking Conditions of Use and the Rabobank Visa Debit Card Conditions of Use (as relevant) and consent to the use of my personal information as outlined in Section C.

**Branch Use Only** Identification (attach forms)  Already identified

Related Account number         -

Verification of customer information  Certified copies of identity

Token number:

Input:

Verified:

Date:

/  /

Card number:

Input:

Verified:

Date:

/  /

Cheque book:

(Premium CMA only)

Input:

Verified:

Date:

/  /

## Section C Privacy Consent

Each person signing this application hereby consents to the personal information about them collected in relation to this Client Number being disclosed to entities related to Rabobank, Rabobank's contractors and relevant government authorities and used for the opening and operation of accounts with Rabobank and its related entities. Rabobank and its related entities may use the information for marketing (including marketing by electronic means) and internal research purposes, and each person signing this application consents to being contacted on an ongoing basis by Rabobank and its related entities by telephone for marketing purposes. Each person can contact Rabobank on its Privacy Number on 1800 825 484 if they do not want this to occur and each person can gain access to their information by contacting any Rabobank branch on 1300 30 30 33. If all the information requested is not provided, Rabobank may not be able to provide the account(s) in the manner requested or at all.

## Section D Execution and Declaration (all Account Owners must sign this section)

I/We, the Account Owner(s), by signing below :

- Agree to the operation of the account(s) under this Client Number as set out in this form;
- Request that access to Rabobank Internet Banking be granted to the persons nominated in Section B of this Account Operating Authority and consent to them having access in accordance with the Rabobank Internet Banking Conditions of Use (if relevant);
- Agree that by appointing the Authorised Signatory(ies) set out in this form, I/We are responsible for all transactions made by the Authorised Signatory(ies), including by card access and operation of the account/s under this Client Number as authorised by me/us.
- Consent to the matters contained in Section C, concerning personal information collected;
- Acknowledge that it is an offence to open or operate an account in a false name and understand that I/We must specify all the names by which I/we are commonly known;
- Certify that all the information provided in this application is true and complete.



This Account Operating Authority is not effective until it is received and accepted by Rabobank. It supersedes any prior contradictory authority.

Amendments can be made to any of the people nominated and options chosen in the preceding sections by contacting Rabobank on 1300 30 30 33.

### Signing of Account Operating Authority

**Individuals:** All individuals to sign personally. **Partnership:** All partners to sign personally. **Company:** Two directors, a director and a company secretary, or the sole director/sole company secretary to sign, Seal is optional. Other Bodies Corporate in accordance with relevant authority. Please note that the Account Operating Authority must be completed in the name(s) of the trustee(s) personally, but may include the name of the trust. **Attorney(s):** Where the Application Form is signed by attorney(s), a certified copy of the original power of attorney must be attached.

#### Execution by Individuals

	<b>1. Signature of Account Owner</b> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <table border="0" style="width: 100%;"><tr><td style="width: 70%;">Name of Account Owner</td><td style="width: 30%;">Date</td></tr><tr><td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td><td><div style="border: 1px solid black; height: 15px; width: 100%; text-align: center;">/ /</div></td></tr></table>	Name of Account Owner	Date	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%; text-align: center;">/ /</div>	<b>2. Signature of Account Owner</b> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <table border="0" style="width: 100%;"><tr><td style="width: 70%;">Name of Account Owner</td><td style="width: 30%;">Date</td></tr><tr><td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td><td><div style="border: 1px solid black; height: 15px; width: 100%; text-align: center;">/ /</div></td></tr></table>	Name of Account Owner	Date	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%; text-align: center;">/ /</div>
Name of Account Owner	Date									
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Name of Account Owner	Date									
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%; text-align: center;">/ /</div>									
	<b>3. Signature of Account Owner</b> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <table border="0" style="width: 100%;"><tr><td style="width: 70%;">Name of Account Owner</td><td style="width: 30%;">Date</td></tr><tr><td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td><td><div style="border: 1px solid black; height: 15px; width: 100%; text-align: center;">/ /</div></td></tr></table>	Name of Account Owner	Date	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%; text-align: center;">/ /</div>	<b>4. Signature of Account Owner</b> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <table border="0" style="width: 100%;"><tr><td style="width: 70%;">Name of Account Owner</td><td style="width: 30%;">Date</td></tr><tr><td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td><td><div style="border: 1px solid black; height: 15px; width: 100%; text-align: center;">/ /</div></td></tr></table>	Name of Account Owner	Date	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%; text-align: center;">/ /</div>
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Name of Account Owner	Date									
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%; text-align: center;">/ /</div>									

**Declaration by Companies**

**1. Executed by**

ACN

by the person(s) named below in accordance with its constitution and section 127(1) of the Corporations Act:

Affix Company Seal here  
(if applicable)

**OR**

The common seal of

ACN  was affixed in accordance with its constitution and section 127(2)

of the Corporations Act in the presence of the person(s) named below:



Signature of Sole Director & Sole Secretary/Director

Signature of Director/Secretary

Name of Sole Director and Sole Secretary/Director  
(delete whichever is not applicable)

Name of Director/Secretary  
(delete whichever is not applicable)

Date

 /  / 

**NOTE:** If the company's common seal is **not** affixed in the space provided above, then the Bank is entitled to presume that this document has been signed by the company pursuant to section 127(1) of the Corporations Act.

**2. Executed by**

ACN

by the person(s) named below in accordance with its constitution and section 127(1) of the Corporations Act:

Affix Company Seal here  
(if applicable)

**OR**

The common seal of

ACN  was affixed in accordance with its constitution and section 127(2)

of the Corporations Act in the presence of the person(s) named below:



Signature of Sole Director & Sole Secretary/Director

Signature of Director/Secretary

Name of Sole Director and Sole Secretary/Director  
(delete whichever is not applicable)

Name of Director/Secretary  
(delete whichever is not applicable)

Date

 /  / 

**NOTE:** If the company's common seal is **not** affixed in the space provided above, then the Bank is entitled to presume that this document has been signed by the company pursuant to section 127(1) of the Corporations Act.

**Branch Use Only**

Branch  CMS no.  Work Request no.  CG ID

Create Record  New Client Record

Account Manager name  Bank Officer name  Bank Officer signature

Client Number

Entity type  Individual  Company  Trust  Partnership  Joint

All ID's checked  Certificate of Incorporation  Business Name Registration  Trust Deeds

Employee/employee related account  Yes  No

Employee officer code  Employee name  Account Owner(s) relationship to employee (if applicable)

NAICS  SIC code (refer to CMS)   Standard CMA  Premium CMA

APRA cat  APRA code (refer to CMS)  CST

ASIC search (for company accounts)

Date of search  /  /  Details verified:  Name  Registered office  Principal place of business  Owners  Directors

Verification of Trust information

Date of Trust Deeds  /  /  Details verified:  Name of trust  Trustees  Beneficiaries

