

- | | |
|---|--|
| <input type="radio"/> Company | <input type="radio"/> Association / Club / Organisation -
Unincorporated / Incorporated |
| <input type="radio"/> Sole Trader | <input type="radio"/> Formal Trust |
| <input type="radio"/> Partnership Formal/Informal | <input type="radio"/> Estate Management |
| <input type="radio"/> Superannuation Fund | <input type="radio"/> Other _____ |

 Date

 Client Number:
Business Details

 Business Owner:

 Business Name (ie. trading as):

 ACN:

 ABN:

 Place of Business:

 Mailing Address:

 Nature of Business:

 Business:

 Mobile:

 Fax:

 Email:

 Are any of the beneficial owners of the account an Overseas citizen or resident for taxation purposes? Yes No

 If Yes which Country:

Please complete a Taxation Status Self-Certification Form

Previous Business Client Details (if applicable)

 Business Owner:

 Business Name (ie. trading as):

 Place of Business:

 Mailing Address:

 Nature of Business:

 Business:

 Mobile:

 Fax:

 Email:
Client Signature

Declaration: The above information has been provided to Auswide Bank by me/us for the purpose of opening a business account or facility and I/we agree to be bound by the terms and conditions governing any account or facility that I/we open or operate. I/We confirm we have read and consent to Auswide Bank's Privacy Policy.

1st Client

2nd Client

3rd Client

4th Client