AUTHORITY TO DELIVER SHIPPING DOCUMENTS TO REPRESENTATIVES

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PLEASE ENSURE THIS FORM IS COMPLETED ONLINE (TYPED)
To: The Manager
ANZ Trade and Supply Chain   Select (Branch)   Date (dd/mm/yyyy)

Branch

From: (Customer name and address, include company identification number if applicable):

I/we authorise ANZ to deliver to our representative(s), whose name(s) and specimen signature(s) appear in the space provided, any Bills of Lading, Invoices and/or other documents that ANZ may at any time hold deliverable to us and receipt by any one of them will be sufficient discharge for the same.

Name of Applicants Representative(s)   Specimen Signature of Representative(s)

This authority is subject to, and we are bound by, the terms in the ANZ Trade Terms booklet and any other applicable Trade Agreements. We confirm that ANZ has given us the booklet or we have accessed it at anz.com/corporate and given us the other applicable Trade Agreements. We acknowledge ANZ recommends that we read them and seek clarification from ANZ about any issues of concern.

Yours faithfully,

Authorised Signature   Name of Authorised Signatory

Authorised Signature   Name of Authorised Signatory

Company stamp or chop (if applicable):

BANK USE ONLY

Received (Date/time):   Signature(s) verified against signing authority

Initials of verifying officer

Approved by   Manager / Team Leader

Date Released (dd/mm/yyyy)   Date cancelled (dd/mm/yyyy)