

AMENDMENT TO ACCOUNT AUTHORITY

Australia and New Zealand Banking Group Limited, Fiji Branch



For Individual/Joint/Sole Proprietors

Complete sections 1 and 2

Date

Companies, Partnerships, Trusts and Other Entities

Complete sections 1 and 3

SECTION 1

Customer information

Authority for Operations

To: Australia and New Zealand Banking Group Limited, Fiji Branch (**Bank**)

In the case of a company or an incorporated entity, I/we certify that the following resolution was passed at a meeting of the Board of Directors of the Customer on and that it has been recorded in the minutes book of the Customer.

For all others, I/we certify that I/we have authorised the following.

Resolved/Authorised that:

(A) Any 1 signatory; or

Any 2 signatories; or

Other (please specify)

to act fully and effectively in all dealings, matters and transactions (including withdrawals) in respect of the above account with the Bank.

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(B) the following persons be included amongst the persons authorised to operate the account:

Signatory 1

First name

Middle name(s) (if applicable)

Surname

Any other name commonly known as

Date of birth

Place of birth (town and country)

Nationality/Citizenship(s)

Tax Identification Number

Full residential address (Do not provide a PO Box or in-care-of address)

Street

Suburb

City

Country Postcode

Phone number

Mobile number

Email address

Employment date

Employer name

Employer address

Office/Title

Signature

Signatory Customer Number

Customer Identification and Verification complete

Signatory 2

First name

Middle name(s) (if applicable)

Surname

Any other name commonly known as

Date of birth

Place of birth (town and country)

Nationality/Citizenship(s)

Tax Identification Number

Full residential address (Do not provide a PO Box or in-care-of address)

Street

Suburb

City

Country Postcode

Phone number

Mobile number

Email address

Employment date

Employer name

Employer address

Office/Title

Signature

Signatory Customer Number

Customer Identification and Verification complete

AMENDMENT TO ACCOUNT AUTHORITY

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(B) the following persons be included amongst the persons **authorised to operate the account: (cont.)**

Signatory 3

First name

Middle name(s) (if applicable)

Surname

Any other name commonly known as

Date of birth

Place of birth (town and country)

Nationality/Citizenship(s)

Tax Identification Number

Full residential address (Do not provide a PO Box or in-care-of address)

Street

Suburb

City

Country Postcode

Phone number

Mobile number

Email address

Employment date

Employer name

Employer address

Office/Title

Signature

Signatory Customer Number

Customer Identification and Verification complete

Signatory 4

First name

Middle name(s) (if applicable)

Surname

Any other name commonly known as

Date of birth

Place of birth (town and country)

Nationality/Citizenship(s)

Tax Identification Number

Full residential address (Do not provide a PO Box or in-care-of address)

Street

Suburb

City

Country Postcode

Phone number

Mobile number

Email address

Employment date

Employer name

Employer address

Office/Title

Signature

Signatory Customer Number

Customer Identification and Verification complete

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(C) the authority for the following persons to operate the account is hereby revoked:

Authority Revoked 1

First name
Middle name(s) (if applicable)
Surname
Customer number
Office/Title

Authority Revoked 2

First name
Middle name(s) (if applicable)
Surname
Customer number
Office/Title

Authority Revoked 3

First name
Middle name(s) (if applicable)
Surname
Customer number
Office/Title

Authority Revoked 4

First name
Middle name(s) (if applicable)
Surname
Customer number
Office/Title

This authority

- supercedes and replaces
 is in addition to

all previous authorities relating to the above account except for any liabilities not yet determined and any instruments already drawn or executed on the account but not yet presented or paid.

All information on this form and any identification document provided with this document is true and correct.

Where this declaration is signed by two or more people, it is given by each individually.

In the event of any inconsistency between the English and the other language of this form, the English version shall apply.

Special Instructions:

In the case of a company, two directors or a director plus company secretary must sign.

In the case of a partnership, all partners must sign.

In the case of a trust, all trustees must sign.

SECTION 2 FOR INDIVIDUAL/JOINT/SOLE PROPRIETORS

Primary account holder

Full name
Signature

Date

D	D	M	M	2	0	Y	Y
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Joint account holder

Full name
Signature

Date

D	D	M	M	2	0	Y	Y
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BANK USE ONLY

Received by
Reviewed by
Forwarded to Client Enablement by
Client Enablement checks and update by

Date received	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>2</td><td>0</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	2	0	Y	Y
D	D	M	M	2	0	Y	Y		
Date reviewed	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>2</td><td>0</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	2	0	Y	Y
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Date	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>2</td><td>0</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	2	0	Y	Y
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D	D	M	M	2	0	Y	Y		

Amendment Form filed with Customer records

AMENDMENT TO ACCOUNT AUTHORITY

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SECTION 3 FOR COMPANIES, PARTNERSHIPS, TRUSTS AND OTHER ENTITIES

COMPANY WITHOUT SEAL

Dated this day of 20

SIGNED for and on behalf of **by**

Signature of Director

Signature of Director/Secretary

Name of Director

Name of Director/Secretary

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COMPANY WITH SEAL

Dated this day of 20

THE COMMON SEAL of

was affixed in accordance with its Articles of Association in the presence of:*

Signature of Director

Signature of Director/Secretary

Name of Director

Name of Director/Secretary

*Care should be taken to ensure the seal is affixed and attested in accordance with the company's Articles of Association.

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PARTNERSHIP

Dated this day of 20

EXECUTED by the PARTNERS OF

Signature

Name of Partner

Signature

Name of Partner

Signature

Name of Partner

Signature

Name of Partner

Signature

Name of Partner

Signature

Name of Partner

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TRUST

Dated this day of 20

EXECUTED by the TRUSTEES OF

Signature

Name of Trustee

Signature

Name of Trustee

Signature

Name of Trustee

Signature

Name of Trustee