Application form for Individuals



Welcome to Esanda. Applying is easy.

1. Apply

- Fill in your personal details (if a joint account, both applicants need to complete)
- Provide us with the details of your existing personal bank account that you would like us to pay your interest and principal into (referred to as your Nominated Account). Please note your nominated account cannot be changed for the life of the Esanda Term Deposit.
- Complete the Identification by Certified Copy form if you are not an existing ANZ customer and forward with your application (if a joint account, both applicants need to complete).
- Please read the Esanda Term Deposit Terms and Conditions (that can be accessed from www.anz.com). Then sign the Declaration (if a joint account, both need to sign).

Esanda Term Deposit checklist

You must:

- be aged 16 years or over
- be an Australian citizen or a foreign citizen living in Australia,
- have an account with an Australian Financial Institution. This account must have a BSB and an account number so it can be used as the Nominated Account for your Esanda Term Deposit. Your Nominated Account must be in exactly the same name(s) as your Esanda Term Deposit. For joint accounts, the Nominated Account must also be in the same joint names.

2. Send your application and identification documents (if required)

Please ensure you have completed all sections of the application form and the Identification by Certified Copies form for each applicant (if required). Mail all documents (postage stamp not required) to:

To: Esanda Term Deposit Reply Paid 65398 Collins Street West Melbourne VIC 8007

Your Details

Applicant 1			Applicant 2 (if applicable)		
itle Surname			Title Surname		
irst name			L First name		
fiddle name			L Middle name		
Date of birth	Gender	Male Female	Date of birth	Gender	Male Female
Residential address (PO E	Box not acceptable)		Residential addres	s (PO Box not acceptable)	
init number			Unit number Street nur	mber	
treet name			Street name		
uburb	L State	Postcode	L Suburb	State	Postcode
Mailing address (if dif	ferent to your residential	address)	Mailing addres	ss (if different to your residential a	address)
Init number Street number	Street name		L L Unit number Street nu	mber Street name	
					1

Applicant 1 continue	Applicant 2 continue	Applicant 2 continue		
↑ Contact number ↑ Alternative contact number	ber Contact number	Alternative contact number		
L Email address	Email address			
Are you an existing ANZ customer?	Are you an existing ANZ customer?	Yes No		
L If yes, please note your Account number	If yes, please note your Account num	ber		
If 'no' please complete the Identification by certified Copy form and return with your		ion by certified Copy form and return with your application		
Security Code (This should be letters or numbers or a combination of both maximum of 9 characters)		Security Code (This should be letters or numbers or a combination of both and a maximum of 9 characters)		
Please note you will need to quote this security code when dealing with u existing ANZ customer you are not required to provide a security code.	s over the phone. You must keep your security co	de safe and confidential at all times. If you are an		
Tax File Number details				
It is not compulsory for you to provide your TFN. However, if you choose category. If you choose to supply us with your TFN(s) or exemption code,	· · · · · · · · · · · · · · · · · · ·	g tax from interest earned unless you are in an exempt		
Applicant 1	Applicant 2 (if applicable)			
Tax file number (TFN) or Exemption Code	Tax file number (TFN) or Exemption			
Australia and United States Tax Agreement				
Under an Australian/United States tax agreement, ANZ is required to ask	you to confirm whether you are a US tax residen	t or a US citizen.		
Applicant 1	Applicant 2 (if applicable)			
Are you a US resident for tax purposes or a US citizen?	No Are you a US resident for tax pur	rposes or a US citizen? Yes No		
Your opening deposit				
Please attach a cheque payable to ANZ for the amount entered below. Cheques s	should be made payable to Australia and New Zealand F	Banking Group Limited and marked 'not negotiable':		
You'll need to write your full name (the name(s) provided on the application) address	ess and date of birth on the reverse side of the cheque.			
Your investment details				
Total infooting a country				
Interest rate %p.a				
Interest Frequency Please select the frequency you wish to receive your interest payments				
Monthly Quarterly	Half-yearly Yearly	At Maturity		
How would you like to receive your interest payments?				
Re-invest automatically				
Deposit to Nominated Account				
*Please note automatic reinvestment of interest is only available for "At Maturity" in	nterest frequency			

Thank you for applying for an Esanda Term Deposit.

Applicant 1

Applicant's name

X

Signature

If you have any questions, please don't hesitate to contact the Esanda Term Deposit Customer Service team by calling 1800 040 729 between 8am and 8pm, (AEST), Monday to Friday.

Applicant 2 (if applicable)

Applicant's name

X

Signature

Esanda Term Deposits are issued by Australia and New Zealand Banking Group Limited (ANZ) ABN 11 005 357 522. Esanda Finance Corporation Limited ABN 64 004 346 043 is an authorised representative of ANZ, the holder of an Australian Financial Services licence, number 234527. Application form for individuals – Page 3 of 3

Date

Date