

This application form is to be used when applying for an Esanda Term Deposit account via an authorised Esanda intermediary and serves as acceptance of funds from individuals and organisations. You are only required to complete the sections which relate to your type of investor, as specified below.

Applicants must:

- Be aged 16 years or over
- Be an Australian citizen or an Australian organisation
- Provide us with details of Australian Financial Institution bank account in the same name as the Esanda Term Deposit that the applicant would like us to pay interest and principal into (referred to as your Nominated Account)
- Read the Esanda Term Deposit Terms and Conditions prior to applying for this product
- Provide acceptable identification as outlined below

Customer Identification Requirements

As part of the application process, applicants must be identified in line with our customer identification requirements. An original certified copy of a document which verifies the identity of the applicant(s) is required to be attached to the application form and forwarded to Esanda for processing and verification. Identification document requirements are set out in Appendix A of this document.

Mail us the forms

Please forward the completed and signed application form and supporting identification documents to:

Esanda Finance Corporation Limited

Reply Paid 9934

Melbourne VIC 8060

For Australian Company Investors

1. Type of Account

Australian Company

Company type

Proprietary

Public

2. Australian Company Details

Full name of Company

Registered office address

Principal place of business (if different)

ACN/ABN

Industry/Nature of business

Phone number

Fax number

Email

Does the Company have an existing ANZ account?

Yes

No

If yes, please note your Account number

Details of Director(s)

The full name of all Directors must be provided. If there are more than two Directors, please complete the form on the last page. Any signing Director must complete the individual customer identification requirements, refer to section 1.

Title First name(s)

Title First name(s)

Last name(s)

Last name(s)

3. Details of Shareholder(s)

To be completed for each shareholder who owns 25% or more of the issued capital of a proprietary company. If there are more than two Shareholders with 25% or more shareholding, please complete the form on the last page, including address details of each shareholder.

_____	_____	_____	_____	_____	_____
Title	First name(s)		Title	First name(s)	
_____			_____		
Last name(s)			Last name(s)		
_____			_____		
Residential address (PO Box is not acceptable)			Residential address (PO Box is not acceptable)		
_____	_____	_____	_____	_____	_____
Suburb	State	Postcode	Suburb	State	Postcode

Please nominate at least one party who will operate on this account.
Please provide the relevant details of the party (or parties) who will operate this account by completing section 4 of this form.

For accounts in the name of a company or other incorporated body, please affix the common seal if required by the body's constitution.



4. Party/Parties operating on this account (to be completed by all party/parties operating on this account)

Party 1

Title First name(s)

Last name(s)

Residential address (PO Box is not acceptable)

Suburb State Postcode

☎ Work phone number ☎ Home phone number

☎ Mobile phone number Date of birth

Email address

Occupation/position held

Are you an existing ANZ customer?

Yes No

If yes, please note your Account number

Party 2

Title First name(s)

Last name(s)

Residential address (PO Box is not acceptable)

Suburb State Postcode

☎ Work phone number ☎ Home phone number

☎ Mobile phone number Date of birth

Email address

Occupation/position held

Are you an existing ANZ customer?

Yes No

If yes, please note your Account number

5. Investment details

Amount to be invested \$ _____

Interest Rate _____ %p.a

By funds transfer

You will need the Esanda Term Deposit account details and a unique reference number to deposit funds to. Please contact us to obtain this.

By cheque

Please attach a cheque with your application and forward to the address noted on page 1 of this application form. Investors will need to write their full name (the name(s) provided on the application) address and date of birth on the reverse side of the cheque. All cheques must be payable to Australia and New Zealand Banking Group Limited and marked 'not negotiable'. Third party cheques are not acceptable.

Investment Term

____ Years ____ Months ____ Days or ____ Maturity Date (DD/MM/YYYY)

Interest Frequency

Monthly Quarterly Half-yearly Yearly At Maturity

____ %

Brokerage rate

Please note, for amounts up to \$99,999, a standard brokerage rate will apply unless otherwise advised.

In the event that there is any difference between ANZ's and your records relating to the interest rate that will apply to the Esanda Term Deposit, the interest rate contained in ANZ's records shall be the interest rate that will apply to the Esanda Term Deposit.

6. Nominated Account Details

To open an Esanda Term Deposit you must nominate an account into which we will credit any interest that accrues on your Esanda Term deposit (and return to you the principal term deposit amount when requested by you).

Name of financial institution

____ BSB number ____ Account number

Branch

Account name

Please note: The account you nominate must be held in the same name as your Esanda Term Deposit.

7. Interest Details

Please nominate how you would like to receive your interest payments. Please note: Automatic reinvestment of Interest is only available on "interest at maturity" interest frequencies.

Tick the applicable box (✓)

Credit my account as specified in section 9 Reinvest

Interest will be re-invested if no box is ticked.

8. Your Personal Information

Privacy consent

References to 'we', 'us' or 'our' in this clause mean Esanda Finance Corporation Limited, ANZ, and their related bodies corporate.

Collection, use and disclosure of personal information and your consent to disclosure.

We are collecting your personal information to enable us to provide the products applied for. Without this information we may not be able to do this. We may disclose your personal information (including information about your credit worthiness, history, standing or capacity) to:

- > Any service provider we engage to carry out or assist our functions and activities
- > Credit reporting agencies
- > Your referee
- > Other persons we are authorised or required by law to disclose information to.

You may request access to your information by calling 13 13 14. Access will be granted in accordance with the Privacy Act for a reasonable fee. If any of your information is inaccurate, you may request that it be corrected.

Promotion of other products or services until you tell ANZ otherwise

- > We may use your personal information to help ANZ promote its products and services or those of the group and alliance partners;
- > We may also disclose your personal information to the group or its alliance partners in connection with that purpose:
 - to enable them to decide if they want ANZ to tell you about a product or service
 - when they have agreed to only use the information for this purpose and where they have agreed to keep the information confidential and return it to ANZ (or destroy it) as soon as it has been used for this purpose.

Where you do not want ANZ to tell you about its products or services or those of the group, you may withdraw your consent by calling 13 13 14.

Where you supply ANZ with information about someone else

If you give us information about someone else, please show them a copy of this clause so that they may understand the manner in which their information may be used or shared by.

Personal information

Your agreement to the use and disclosure of your personal information applies to any personal information collected by us in the course of your relationship with us.

9. Tax File Number Collection Form

It is not compulsory for you to provide your TFN. However, if you choose not to do so, we are required to deduct withholding tax from interest earned unless you are in an exempt category. Withholding tax is calculated at the highest marginal tax rate plus Medicare Levy. If you choose to supply us with your TFN(s), please tick the relevant box and complete the TFN details, or complete the exemption details on the reverse.

I Individual

C Company

G Government Body

J Joint

T Trust

P Partnership

S Super Fund

Name of customer 1 (or entity)

Tax file number

Tax file number

Name of customer 2

Tax file number

Tax file number

I/We authorise the application of this tax file number(s) to this and subsequent investments within this account.

10. Declaration

I/We apply to open the account described on this form. I/We acknowledge that I/we have been provided with the Esanda Term Deposit Terms and Conditions and are bound by the terms and conditions. I/We warrant that the details on this form are true and complete. I/We appoint the broker/financial adviser/dealer group - whose details appear in this form (or any new adviser that I/we appoint for this account) to operate this account through its employee. I/We agree that I/we will notify you of any changes to this arrangement and accept that additional documentation may be required. I/We authorise ANZ to provide a broker/financial adviser/dealer group, whose details appears on this form (or any new adviser that I/we appoint); access to any personal or financial information that

relates to my/our application or account including copies of documents issued in relation to the account (this is in addition to the powers that the broker/financial adviser/dealer group may have as an authorised operator). If the adviser is a company or partnership, I/we authorise ANZ to provide such information to any officer, employee or partner of the company or partnership. If the account is to be held in a trust, details of the trustee and beneficiaries of the trust have been submitted with this application form.

Your account is set up as "Any one to sign", meaning that any nominated authorised signatory to this account can operate on this account.

Customer 1

First name(s)

Corporate title (if applicable)

X

Signature

Date

Customer 2

First name(s)

Corporate title (if applicable)

X

Signature

Date

11. Authority for your nominated broker/ financial adviser/ dealer group to act as an authorised representative /third party signatory

Name of authorised representative/third party signatory

X

Signature of Authorised Representative/third party

X

Signature of Authorised Representative/third party

X

Signature of Investor(s)

Date

By signing the above, you authorise your nominated adviser/broker to have the same level of access to your Esanda Term Deposit as you. Your nominated adviser/ broker will be able to withdraw from or deposit into and alter any details in relation to your Esanda Term Deposit account.

By signing the above, you hereby release, discharge and indemnify ANZ from and against all actions, proceedings, accounts, claims and demands whatsoever arising from the appointment of the authorised representative/third party.

12. Broker/Advisor/Dealer Group Use Only

Adviser name

Firm name

Broker code

Advisor/Broker
Stamp

Customer Identification completed for all applicants and signatories

Yes

By signing this section, I acknowledge and confirm that I have identified the customer(s) in accordance with the applicable Customer Identification requirements outlined in this document.

X

Signature

Date

Appendix A: Acceptable Identification Documents

Guidance note for Certified Copies:

- Certified copy means a document that has been certified as a true and original document by an authorised person. If you are an Australian Financial Services Licence (AFSL) Holder officer having two or more continuous years of service with one or more licensees, you have authority to certify a document for identification on behalf of ANZ, including for Esanda Term Deposit investors
- To produce a certified copy, you should make a photocopy of the original document, sign and date the copy and attach it to the application form
- Acceptable Documents used for Identification are listed below

Notes on Identification Requirements

- All signatories need to be identified
- Verification is required for all new to ANZ customers, along with existing customers acting in a new capacity (e.g. existing individual customer now opening an account as a Sole Trader - or Director of a Company)

*Primary photographic documents:

- Driver licence issued under Australian law (must be current)
- Australian Passport (current or < 2 years expired)
- Foreign Passport (must be current)

**Primary documents (non-photographic):

- Australian or Foreign Birth Certificate
- Citizenship Certificate

***Secondary documents (bold = most common):

- Notice issued by the Australian Tax Office (< 12 months old)
- Public Utility Notice e.g. gas, electricity (< 3 months old)
- Local Government notice e.g. rates (< 3 months old)
- Other Australian Financial Institution Debit Card or Credit Card (current)
- Medicare Card (current)
- One of the following Centrelink pension cards (current):
 - Health Care Card
 - Commonwealth Seniors Health Card
 - Pensioner Concession Card
 - Interim Concession Card

Appendix A: Acceptable Identification Documents (cont.)

Eligible investors	Who Requires Identification	Relevant Identification documents – please provide one of the following, unless otherwise indicated:	Tick Document(s) used for identification
An individual or joint applicant over 16 years of age or Sole Trader	<ul style="list-style-type: none"> Individual customer/Joint applicant/ Additional signatories 	<p>We require two documents per Individual applicant;</p> <ul style="list-style-type: none"> a primary photographic* and primary** or secondary*** identification document 	<input type="checkbox"/>
Partnership	<ul style="list-style-type: none"> Signing Partner(s) (at least one) Partnership Business Additional Signatories 	<ul style="list-style-type: none"> Identify as an Individual(s) Original or Certified copy/extract of the Partnership agreement; or Original or certified copy/ extract of the Australian Partnership Taxation Return; or Original or certified copy/extract of the minutes of the meeting for the partnership confirming the attendance and approval by authorised office holders for the partnership Identify as an Individual(s) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Australian Company	<ul style="list-style-type: none"> Signing Director(s) (all Formal Office Bearers) Company Additional Signatories 	<ul style="list-style-type: none"> Identify as an Individual(s) Original or Certified copy of Certificate of Registration Identify as an Individual(s) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Trust	<ul style="list-style-type: none"> Signing Trustee(s) (at least one) Trust Additional signatories 	<ul style="list-style-type: none"> Identify as an Individual(s) Original or Certified copy/extract of the trust deed; and disclosure certificate recording full name of trust, details of trustees and beneficiaries Identify as an Individual(s) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Association (Incorporated and Unincorporated)	<ul style="list-style-type: none"> Member(s) in whose Name the Esanda term deposit is to be Established Association Additional signatories 	<ul style="list-style-type: none"> Identify as an Individual(s) Original copy of the Rules or Constitution of the Association; or Certified copy/ extract of the minutes of association meeting confirming the attendance of president, secretary and treasurer or equivalent officers Identify as an Individual(s) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Registered Cooperative	<ul style="list-style-type: none"> Signing Office Holders Registered Cooperative Additional Signatories 	<ul style="list-style-type: none"> Identify as an Individual(s) Original copy of the Register maintained by the cooperative; or Original/ certified copy of the minutes of cooperative meeting confirming the attendance of chair/president, secretary and treasurer or equivalent officers Identify as an Individual(s) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Government Body	<ul style="list-style-type: none"> Signing Office Holders Government Body Additional Signatories 	<ul style="list-style-type: none"> Identify as an Individual(s) Original letter or contract, signed by Minister, establishing the body; or Original/ certified copy of the minutes confirming the attendance of chair, secretary and treasurer or equivalent officers of a government/ statutory authority establishing the body Identify as an Individual(s) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

