



New Account Application

Non personal

Account Details

New Account Number(s):	<input type="text"/>
Account Title	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
ABN / ARBN / ACN - Mandatory for Companies	<input type="text"/>

Number to Sign to Open NEW CUSTOMERS ONLY

Any of the Owners / Authorised Officers specified below can open and close deposit accounts and authorise changes or additions to Authorised Officers, Signatories and Operating Authorities for all accounts opened in the name of the above Registered Business / Company / Organisation. This Authority also extends to affecting changes to details supplied to Suncorp for the Registered Business / Company / Organisation. Any accounts subsequently opened under this Authority will be opened in the name of the above Registered Business / Company / Organisation and held in the name of Registered Business / Company / Organisation specified above.

Please identify how many Owners or Authorised Persons you would like:

- To open and close accounts, authorise changes or additions to Authorised Persons.

Special Opening Conditions (optional)

An Authorised Officer is permitted to make changes and perform transactions if Signatory is indicated in Owner/Authorised Officer Signature section.

Number to Sign to Operate

- To be able to perform transactions on the account? Only 1 Any 2 can sign

Existing Customers

I/We appoint the signatory(ies) specified on existing account number ("same account") to also be an authorised signatory(ies) on the above new account(s).

I/We authorise the same Operating Authority (ie. number to sign to operate) to be applied to the above new account number(s).

Special Signing Conditions (Optional)

Registered Business Details

Full Business Name	<input type="text"/>		
Business Address	(PO BOX NOT ACCEPTABLE)		
	SUBURB / TOWN	State	
	COUNTRY	Post code	
Nature of Business	<input type="text"/>		
Business Phone	()	Business Fax	()
Business Mobile	<input type="text"/>		



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Company Details	
Full Name (including ACN)	
Registered Office Address	(PO BOX NOT ACCEPTABLE)
	SUBURB / TOWN
	COUNTRY
	State
	Post code
Principal Place of Business	
	State
	Post code
Nature of Business	
Business Phone	() Business Fax ()
Business Mobile	
Primary Contact	TITLE GIVEN NAMES (IN FULL)
	SURNAME
Position	EG: DIRECTOR, SECRETARY
Public <input type="checkbox"/>	Private <input type="checkbox"/>
Private Companies only - Provide full name of each director	
FULL GIVEN NAMES AND SURNAME	
FULL GIVEN NAMES AND SURNAME	
FULL GIVEN NAMES AND SURNAME	
FULL GIVEN NAMES AND SURNAME	
FULL GIVEN NAMES AND SURNAME	
Beneficial Owners (Private Companies only)	
Provide the FULL NAME and RESIDENTIAL ADDRESS of any individual who directly or indirectly owns more than 25% of the company.	
Beneficial Owner 1	
Full Name	FULL GIVEN NAMES AND SURNAME
Residential Address	(PO BOX NOT ACCEPTABLE)
	SUBURB / TOWN State
	COUNTRY Post code
Beneficial Owner 2	
Full Name	FULL GIVEN NAMES AND SURNAME
Residential Address	(PO BOX NOT ACCEPTABLE)
	SUBURB / TOWN State
	COUNTRY Post code
Beneficial Owner 3	
Full Name	FULL GIVEN NAMES AND SURNAME
Residential Address	(PO BOX NOT ACCEPTABLE)
	SUBURB / TOWN State
	COUNTRY Post code



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Trust Details - Complete for ALL Trustees whether individual or company

Full Name of Trust				
Type of Trust	<input type="checkbox"/> Discretionary (eg. Family)	<input type="checkbox"/> Managed Investment Scheme	<input type="checkbox"/> Unit	<input type="checkbox"/> Superannuation Funds
Country where Trust Established				

Trustee Details - (Trustee could be a company)

Please Note: Individual Trustees must complete Authorised Officer Details Section. Company Trustees must also complete Company Details Section.

Full Name (Trustee 1)	FULL GIVEN NAMES AND SURNAME			
Residential Address	(PO BOX NOT ACCEPTABLE)			
	SUBURB / TOWN	State		
	COUNTRY	Post code		
Full Name (Trustee 2)	FULL GIVEN NAMES AND SURNAME			
Residential Address	(PO BOX NOT ACCEPTABLE)			
	SUBURB / TOWN	State		
	COUNTRY	Post code		

If more than 2 Trustees, please provide details on a separate Trusts Customer Identification Form.

Trading Name of the Trustee (if any)	
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Beneficiary Details

Do the terms of the trust identify the beneficiaries by reference to a membership of a class?

Yes <input type="checkbox"/>	Provide Details of each Class	
No <input type="checkbox"/>	Full Name of each Beneficiary	1.
		2.
		3.
		4.
		5.
		6.



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Authorised Officer Details – Individual/Directors/Trustees/Partners			
Authorised Officer 1	TITLE	GIVEN NAMES (IN FULL)	
	SURNAME		
Preferred Name			
Residential Address	(PO BOX NOT ACCEPTABLE)		
	SUBURB / TOWN	State	Post code
Mailing Address	<input type="checkbox"/> If same as Residential	STREET NUMBER AND NAME OR PO BOX NUMBER	
	SUBURB / TOWN	State	Post code
Phone (Work)	()	Phone (Home)	()
Fax	()	Mobile	
Date of Birth		Employer	
Password		Occupation	
Do not send me product/marketing material or Special Offers from Suncorp <input type="checkbox"/>			
Authorised Officer 2	TITLE	GIVEN NAMES (IN FULL)	
	SURNAME		
Preferred Name			
Residential Address	(PO BOX NOT ACCEPTABLE)		
	SUBURB / TOWN	State	Post code
Mailing Address	<input type="checkbox"/> If same as Residential	STREET NUMBER AND NAME OR PO BOX NUMBER	
	SUBURB / TOWN	State	Post code
Phone (Work)	()	Phone (Home)	()
Fax	()	Mobile	
Date of Birth		Employer	
Password		Occupation	
Do not send me product/marketing material or Special Offers from Suncorp <input type="checkbox"/>			
Authorised Officer 3	TITLE	GIVEN NAMES (IN FULL)	
	SURNAME		
Preferred Name			
Residential Address	(PO BOX NOT ACCEPTABLE)		
	SUBURB / TOWN	State	Post code
Mailing Address	<input type="checkbox"/> If same as Residential	STREET NUMBER AND NAME OR PO BOX NUMBER	
	SUBURB / TOWN	State	Post code
Phone (Work)	()	Phone (Home)	()
Fax	()	Mobile	
Date of Birth		Employer	
Password		Occupation	
Do not send me product/marketing material or Special Offers from Suncorp <input type="checkbox"/>			



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Authorised Officer Details – Individual/Directors/Trustees/Partners - continued

Authorised Officer 4	TITLE	GIVEN NAMES (IN FULL)		
	SURNAME			
Preferred Name				
Residential Address	(PO BOX NOT ACCEPTABLE)			
	SUBURB / TOWN		State	Post code
Mailing Address	<input type="checkbox"/> If same as Residential	STREET NUMBER AND NAME OR PO BOX NUMBER		
	SUBURB / TOWN		State	Post code
Phone (Work)	()	Phone (Home)	()	
Fax	()	Mobile		
Date of Birth			Employer	
Password			Occupation	

Do not send me product/marketing material or Special Offers from Suncorp

If more than 4 Authorised Officers, please complete Authorised Officers/Signing Officers – Account Opening Authority – Non Personal Customer form (00251)

Deposit Account Details

Product Name

Statement Details

A statement of account will be sent in accordance with the terms and conditions of Suncorp Deposit accounts. If you would like a copy of the Account Statement sent to an address different to the nominated mailing address (eg Accountant etc), then please complete the following details:

Name			
Address			
	SUBURB / TOWN		State
			Post code

Interest Payment Method

Reinvest in this account

Redirect to another Suncorp account
(Available on selected products only)

Account Number

Account Name

Cheque Book Order Details

Name to appear on Cheque book	IF DIFFERENT TO ACCOUNT TITLE		
Special Cheque Book Mailing Address	IF DIFFERENT TO STATEMENT ADDRESS		
	SUBURB / TOWN		State
	COUNTRY		Post code
Special Cheque Book Mailing Address Expiry Date			

NOTE: For Company Accounts if ABN does not incorporate ACN - ACN MUST be quoted on the cheque book.



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Declaration & Consent

I/We understand it is an offence under the "Anti-Money Laundering and Counter Terrorism Act 2006" to make a false or misleading statement.

I/We agree to be bound by the Terms and Conditions detailed in the Product Disclosure Statement / Product Information Document in relation to accounts opened under the above account name. I/We confirm the details supplied are correct.

By signing this application, I/We agree to Suncorp collecting, using and disclosing my/our personal information, including sensitive and health information if applicable, in accordance with the Privacy Statement included in this document and the Suncorp Privacy Policy.

Sometimes, Suncorp might use personal information to make product-related material on a range of financial products and services available to our customers. A customer may elect not to receive product-related material by indicating in Customer Details Section.

Owners / Authorised Officers Signatures

Authorised Officer 1	FULL NAME		
Date		Position	EG.: DIRECTOR
Signatory	<input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE	
Authorised Officer 2	FULL NAME		
Date		Position	EG.: DIRECTOR
Signatory	<input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE	
Authorised Officer 3	FULL NAME		
Date		Position	EG.: DIRECTOR
Signatory	<input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE	
Authorised Officer 4	FULL NAME		
Date		Position	EG.: DIRECTOR
Signatory	<input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE	

Internal Use Only

Identification Document Details - Trusts

Document 1		
Verified From	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy
Document Type		
Issued Date		
Collection Date		

Identification Document Details - Companies

Date of ASIC Search		Collection Date	
Company Search provided by	<input type="checkbox"/> Customer	<input type="checkbox"/> Suncorp	



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New Customers Identification Details (if more than 4 attach KYC form)

New Customers: Complete KYC Verification

Existing Customers: Verify Signature

Owner/Authorised Officer 1	Document 1	Document 2	Document 3
Verified From	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy
Document Type			
Issuer			
Issue Date (If any)			
Expiry Date (If any)			
Document Number (If any)			
Collection Date			
Owner/Authorised Officer 2	Document 1	Document 2	Document 3
Verified From	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy
Document Type			
Issuer			
Issue Date (If any)			
Expiry Date (If any)			
Document Number (If any)			
Collection Date			
Owner/Authorised Officer 3	Document 1	Document 2	Document 3
Verified From	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy
Document Type			
Issuer			
Issue Date (If any)			
Expiry Date (If any)			
Document Number (If any)			
Collection Date			
Owner/Authorised Officer 4	Document 1	Document 2	Document 3
Verified From	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy
Document Type			
Issuer			
Issue Date (If any)			
Expiry Date (If any)			
Document Number (If any)			
Collection Date			

Branch/Agent Name			
Sales Code Officer		Broker Code	
Negotiated Rate Term Deposit			
Hold/s Applies		Negotiated Rate Code	
NAME	SIGNATURE	USER ID	DATE

Processed and Verified by:	
VERIFIER'S NAME	VERIFICATION DATE
VERIFIER'S ORGANISATION	USER ID