

Power of Attorney Details



Bankwest, a division of Commonwealth Bank of Australia
ABN 48 123 123 124 AFSL/Australian credit licence 234945



Important Information

This form must be completed by an Attorney if an Attorney is to open or operate any Bankwest Account on behalf of another person.

If the Account is to be opened on behalf of more than one person, the Attorney must hold a 'Power of Attorney' for each of them.

This form is not a Power of Attorney (a Power of Attorney is a legal document authorising one person to make financial and/or property decisions for another person).

Please provide a certified copy of the Power of Attorney (certification must be by a person authorised as a witness for statutory declarations under the relevant jurisdiction).

Section 1 – Principal/Donor details - Person granting authority / Account holder

Title	First name	Middle Name/s	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Surname	Date of birth	Customer (CIF) ID	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Also known as	Occupation		
<input type="text"/>	<input type="text"/>		
Residential address (PO Box is not acceptable)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (If not the same as residential address) Note: All statements will be sent to this postal address unless otherwise instructed.			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact number (preference mobile)	Email		
<input type="text"/>	<input type="text"/>		

Joint account holder details (if applicable)

Title	First name	Middle Name/s	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Surname	Date of birth	Customer (CIF) ID	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Also known as	Occupation		
<input type="text"/>	<input type="text"/>		
Residential address (PO Box is not acceptable)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (If not the same as residential address) Note: All statements will be sent to this postal address unless otherwise instructed.			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact number (preference mobile)	Email		
<input type="text"/>	<input type="text"/>		

Section 2 – Attorney/Donor details – Person receiving authority

Attorney 1	First name	Middle Name/s	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Surname	Date of birth	Customer (CIF) ID	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Also known as	Occupation		
<input type="text"/>	<input type="text"/>		
Residential address (PO Box is not acceptable)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (If not the same as residential address) Note: All statements will be sent to this postal address unless otherwise instructed.			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact number (preference mobile)	Email		
<input type="text"/>	<input type="text"/>		

Attorney 2	First name	Middle Name/s	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Surname	Date of birth	Customer (CIF) ID	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Also known as	Occupation		
<input type="text"/>	<input type="text"/>		
Residential address (PO Box is not acceptable)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (If not the same as residential address) Note: All statements will be sent to this postal address unless otherwise instructed.			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact number (preference mobile)	Email		
<input type="text"/>	<input type="text"/>		

Section 3 – Power of Attorney details

Select an Option

- ☐ General Power of Attorney
- ☐ Enduring Power of Attorney

Start Date (if no start date record date of document)

End Date

Start Date (if no start date record date of document)

End Date

CARE: A General Power of Attorney is automatically terminated if the customer is no longer capable of managing their own affairs (loses mental capacity) or becomes bankrupt

Section 4 – Power of Attorney operation and conditions

Select an Option

- ☐ One Attorney/One signature
- ☐ Two or more attorneys appointed jointly and severally – any one attorney to sign
- ☐ Two or more attorneys appointed jointly – all attorneys must sign (Two to sign)
- ☐ Other – please specify

Select an Option

- ☐ Unlimited – No conditions/limitations or restrictions. Please refer to the Power of attorney document for any General restrictions.
- ☐ Limited – Please refer to the Power of attorney document and provide us the details of any Conditions/Limitations or Restrictions.

If there are no limitations in the Power of Attorney, please select 'Full access to all accounts'. If the Power of Attorney is only for specific accounts, please select 'Access limited to the accounts listed' below and list all accounts the Power Of Attorney has been granted access to. Please note: Power of Attorneys must not use the donor's accesses.

State of execution

Select an Option

- ☐ Full access to all accounts ☐ Access to accounts listed below

Types of Access Granted (Access types do not apply for certain accounts. Please refer to your Product Disclosure Statement.)

- ☐ Card ☐ Bankwest Online Banking

Accounts access required to

Request a debit card

I/We as the Attorney(s) authorise and request Bankwest to issue me/us with the following debit card(s) to access the account listed below.

Note: Account must be one to sign; and Power of Attorney must be sole or severally. A maximum of two cards per account per customer applies.

How many Attorney(s) require a card? ☐ 1 ☐ 2

Card Access (Attorney 1)

Title	Given name(s)	Surname	Signature
<div></div>	<div></div>	<div></div>	<div>X</div>

Debit card type: ☐ Platinum Debit Mastercard ☐ Qantas Platinum Debit Mastercard (Only available on the Bankwest Qantas Transaction account)

Account Number

Card Access (Attorney 2)

Title	Given name(s)	Surname	Signature
<div></div>	<div></div>	<div></div>	<div>X</div>

Debit card type: ☐ Platinum Debit Mastercard ☐ Qantas Platinum Debit Mastercard (Only available on the Bankwest Qantas Transaction account)

Account Number

Section 5 – Privacy Collection Notice

Bankwest is collecting your personal information so you can act on behalf of another person (**Principal**) under an arrangement such as a Power of Attorney, Guardianship, Administration or Financial Management Order and to comply with relevant laws such as the Anti-Money Laundering and Counter-Terrorism Financing Act. Sometimes, in order to verify your identity electronically we may exchange your name, residential address, and date of birth with a Credit Reporting Body (CRB) to assess whether the information you provided matches the information in any credit file about you. The CRB may provide us with the results of its identity verification assessment and may use your personal information, together with personal information it holds about other people, for the purposes of preparing that assessment. If you would like to discuss an alternative means of identity verification, please contact us. Otherwise, **you consent** to us providing your personal information to a CRB and requesting an identity verification assessment. Our Privacy Statement at bankwest.com.au/privacy explains the other ways we may collect, use, and share your personal information, how to access your personal information and correct it when its wrong, how to make a privacy related complaint and how we deal with it. Sometimes we update our Privacy Statement, and you can always find the most up to date version at bankwest.com.au/privacy or you can obtain a copy by calling 13 17 19 anytime.

Section 6 – Attorney's authority, acknowledgement, consent and declaration

By signing this form I/We declare that:

- I/We are the Attorney/s identified in the Power of Attorney attached to this form;
- I/We are authorised by the Account holder, under the Power of Attorney, to do all things selected in Section 4 above;
- I/We have not received notice of revocation of the Power of Attorney, and make these declarations at the time of signing this application and each time I/We operate, access or conduct any activity in relation to the Account(s) in Section 1. I/We undertake to advise Bankwest in writing immediately upon receiving notice of any amendment, limitation or revocation affecting the Power of Attorney;
- I/We declare that the information provided is true and correct and I/We authorise Bankwest to verify this information (including with the Account holder);
- I/We acknowledge the information in the Privacy Collection Notice (Section 5) and our Privacy Statement at bankwest.com.au/privacy and I/We consent to you exchanging my/our personal information with credit reporting bodies to verify my/our identity; and
- I/We have provided a certified copy of the Power of Attorney (with original certification within 6 months).

Attorney 1 - Signature

Date

Attorney 2 - Signature

Date

Section 7 - Bank use only

Checklist

- ☐ The customer(s) has been CIP'd (if required).
- ☐ The attorney(s) has been CIP'd.
- ☐ The first and last names on the Power of Attorney are exactly the same as the names recorded on Host/CustomerOne.
- ☐ Power of Attorney Document has been witnessed correctly (i.e. signatures, full names, addresses, occupations).
- ☐ If original sighted, a copy has been taken and certified and the original returned to the customer.
- ☐ Certification authority/stamp completed correctly on front page and any subsequent pages initialled. Certification within 6 months by eligible person.
- ☐ All amendments and/or deletions initialled by all relevant customer/s.
- ☐ Acceptance page is correctly signed by the attorney(s).
- ☐ The certified copy of the Power of Attorney document is attached to the form.

Initials

Staff number