



# BWA Cash Management Account – Australian Companies

This application form is used for opening an account in the BWA Cash Management Account (BWA CMA) and obtaining related Access Facilities. The application form accompanies the Product Information Statement (PIS) dated 28 November 2014 and the Bankwest Access Facilities – Conditions of Use document dated 27 November 2015. Any person giving another person this application form must also provide that person with the BWA CMA PIS and the Bankwest Access Facilities – Conditions of Use document. The BWA CMA is a deposit account offered by Bankwest, a division of the product issuer, Commonwealth Bank of Australia ABN 48 123 123 124 AFSL/Australian credit licence 234945.

Please print clearly using CAPITAL LETTERS. Where indicated, please mark boxes with a tick (✓).

## 1. COMPANY DETAILS

Full name of Company

### Account Mailing Address

Address (PO Box, RMB, C/- or similar are acceptable)



Suburb

State

Postcode

Country (leave blank if Australia)




### Duplicate statement address

Recipient type please tick (✓):  not required  send to individual  send to business

(please complete the section for the relevant recipient)

**Please note:** Duplicate statements can only be sent to an address in Australia.

#### Individual

Title First name



Middle name

Surname



Residential Address:

(PO Box, RMB, C/- or similar are not acceptable)



Suburb

State

Postcode

Country




Mailing Address:

(PO Box, RMB, C/- or similar are acceptable)



Suburb

State

Postcode

Country




### Contact details\*

Contact name

Contact phone number

Contact email address

\* Please provide a contact name and contact phone number for the entity in case we need to contact you.

## 1. COMPANY DETAILS (CONTINUED)

The following information must be applicable to the company.

ACN	ABN	TFN	or Exemption code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Establishment	Industry		
<input type="text"/>	<input type="text"/>		

Foreign Tax Residency details.

Please provide the details of any countries, other than Australia, that the Company is a tax resident

Country	TIN or Exemption Reason
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Is the company operating as a charity?

Yes  No

If 'Yes', please complete the following question:

What is the objective/purpose of the charity? (eg vocational training for disabled persons, assistance for tsunami victims, building fund for a particular school or institution etc.)

## 2. ACCOUNT DETAILS

Account designation (optional)

## 3. INVESTMENT ACTIVITY

(Only complete if the company is a Proprietary Company)

Is the company's primary business activity investing?

Tick 'Yes' if the company earns more than 50% of its total income from investment activities (eg rent, interest or dividends) or more than 50% of the company's assets produce or are held for producing this investment income.

Yes  No

## 4. BWA CMA SIGNATORIES

### BWA CMA SIGNATORY 1

Mr  Mrs  Miss  Ms  Other

First name

Middle name

Surname

Also known as

Male  Female

Residential address (PO Box, RMB, C/- or similar are not acceptable)

Suburb

State  Postcode  Country (leave blank if Australia)

Date of birth

Password (optional)

Home phone number

Work phone number

Mobile

Email address

Occupation

Employer

Countries of residence (please provide details of all of the countries that you reside in)

If you reside in countries other than Australia, please advise the reason you are opening an Australian bank account/facility

### BWA CMA SIGNATORY 2

Mr  Mrs  Miss  Ms  Other

First name

Middle name

Surname

Also known as

Male  Female

Residential address (PO Box, RMB, C/- or similar are not acceptable)

Suburb

State  Postcode  Country (leave blank if Australia)

Date of birth

Password (optional)

Home phone number

Work phone number

Mobile

Email address

Occupation

Employer

Countries of residence (please provide details of all of the countries that you reside in)

If you reside in countries other than Australia, please advise the reason you are opening an Australian bank account/facility

If there are more than two BWA CMA Signatories, please complete a separate application form providing details of the additional signatories.

Please tick (✓) if additional forms are attached

## 5. ACCESS FACILITIES

Please tick ( ✓ ) the Access Facilities required:

- Phone Access
- Online Access
- Debit Card
- Cheque Book (25 per book)
- Deposit Book

**Please note that all account signatories must satisfy the identification requirements. Please refer to page 6 of the PIS.**

## 6. MANNER OF OPERATION

Please elect how you wish to operate your BWA CMA by ticking ( ✓ ) one of the following:

- Any one of us to sign
- Any two of us to sign
- All of us to sign

**Note:**

- 1. Where you do not elect a manner of operation, we will default to 'All of us to sign'.**
- 2. Phone Access, Online Access and a debit card cannot be selected unless the manner of operation is 'Any one of us to sign'.**

## 7. ADVISER FIRM ACCESS

If you wish to restrict your Adviser Firm access from General Withdrawal Authority, please tick ( ✓ ) one of the boxes below:

- Fee Payment Authority (fees to be paid to the adviser other than the Adviser/Broker Service Fee relating to the BWA CMA as completed in section 8 of this application form).
- Enquiry Access
- No access\*

**\*Please note that by ticking the box above you are overriding Clause 8 within the declaration (section 9). Please refer to page 48 of the Bankwest Access Facilities – Conditions of Use document – term 9.4 for details.**

## 8. ADVISER/BROKER SERVICE FEE

Complete this section only if you have agreed with your financial adviser to have an ongoing Adviser/Broker Service Fee deducted. Refer to the PIS for details.

Adviser/Broker Service Fee     % per annum

## 9. DECLARATION

I/We understand and acknowledge that the law requires signatories to provide true and correct information and state all the names by which they are commonly known. I/We also understand that the law prohibits the use of false names, as well as the giving, use or production of false or misleading information or documents in connection with the provision of financial services and the making, possession or use of a false document in connection with an identification procedure.

I/We declare and agree that:

1. The details shown in this form are complete and correct. Furthermore, I/we certify that the investment activity, classification and tax residency information that I/we have provided relating to the company is complete and correct. I/we will advise the Bank if such information is to change.
2. I/We have received a copy of the PIS and Bankwest Access Facilities – Conditions of Use document in Australia to which this application form relates and understand the terms.
3. I am/We are bound by the provisions of the PIS (including the Bankwest Access Facilities – Conditions of Use document as amended and notified to us from time to time).
4. If I am/we are an individual or joint investor, I am/we are 18 years of age or older and I/we have the legal power to invest.
5. I/We have completed and signed this application form in Australia.
6. If this application is signed under a power of attorney, the attorney has not received notice of revocation of that power.
7. My/Our Adviser has collected the required AML/CTF, CRS information for myself/us, the Entity (Entity refers to the company listed in section 1 of this application) and other individuals or officeholders of the Entity using the relevant identification forms. The information contained within the relevant identification forms is true and correct.
8. Where the AML/CTF information collected by my/our Adviser relates to other individuals or officeholders related to the Entity, they have been provided with a copy of this declaration and the Bankwest Privacy Policy.

I/We acknowledge that:

1. Neither Colonial First State nor the Bank guarantees the performance of the BWA CMA.

I/We consent to:

1. Colonial First State or the Bank deducting the Adviser/Broker Service Fee as detailed in the form and making those payments to the Adviser Firm.
2. Any applicable fees other than the Adviser/Broker Service Fee being deducted from my account if I/we have authorised the adviser to have fee payment authority (as instructed in section 7).
3. Colonial First State or the Bank providing the Adviser Firm, whose details appear on this form (or any new Adviser Firm that I/we appoint) access to any personal or financial information related to my/our application or the BWA CMA, including copies of documents issued in relation to the BWA CMA (in addition to the powers the Adviser Firm may have as an authorised signatory).
4. Colonial First State and Bankwest collecting, using, exchanging and transferring overseas personal information of all parties contained in the AML/CTF identification forms and this application form in accordance with the Bankwest Privacy Policy.
5. Communications regarding my/our BWA CMA being sent to me/us electronically at my/our nominated electronic address unless I/we inform Colonial First State or Bankwest otherwise.

### Signature of Authorised Company Representative

Name

Corporate title

Date

### Signature of Authorised Company Representative

Name

Corporate title

Date

If an applicant is a company, then two directors or a director and the company secretary should sign. If the company is a proprietary company and has only one director who is also the sole company secretary or there is no company secretary then that director should sign.

**APPROVED DISTRIBUTOR USE ONLY**

Identification requirements: Under AML/CTF regulations we are required to ensure that all identification requirements are satisfied for all BWA CMA Australian Company applicants. All Australian Companies must be identified by completing the relevant Identification and Verification form for Australian Companies available at [bwami.com.au/forms/cma-forms](http://bwami.com.au/forms/cma-forms).

Please tick (✓) if identification requirements have been completed for all BWA CMA signatories.

Residency and tax requirements: Under FATCA/CRS regulations we are required to ensure that the residency and tax requirements are satisfied for all beneficial owners/controllers of companies that are classified as passive. (Passive refers to a Proprietary Company that earns more than 50% of its total income from investment activities, for example rent, interest or dividends, or more than 50% of the company's assets produce or are held for producing investment income).

Please tick (✓) if residency and tax information have been completed for all beneficial owners/controllers (where the entity is passive).

Dealer group

Adviser firm name

Adviser name

Adviser email

BWA CMA Adviser Code

Client Account Number

BSB and BWA CMA Account Number (if provided)

Platform name