



Appointing an Authorised Signatory

Please complete this form in **BLACK INK** using **CAPITAL** letters.

Use this form when you wish to appoint an authorised signatory on your account, other than your financial adviser.

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YOUR DETAILS

Full account name

Account number

Postal address

Post code

Phone (business hours)

Mobile

Phone (after hours)

Fax

Email address

2

AUTHORISED SIGNATORY

I appoint the following individual as my Authorised Signatory to operate my account at **Full Authority Level**, on my behalf:

Mr
 Mrs
 Miss
 Ms
 Dr
 Other:

First Name (s)

Middle Names (s)

Surname

Date of Birth

 / /

Occupation

Residential Address (**PO Box is not acceptable**)

City

State

Post Code

Identification (for electronic verification purposes)

Document type

 AU Passport

 NZ Passport

 AU Driver Licence and Issuing State

Document number

Expiry Date

 / /

Email address

Mobile

Phone (business hours)

Authorised Signatory Declaration

I accept the appointment as an Authorised Signatory to this account and agree that I am bound by the terms and conditions of the BOQ Money Market Deposit Account as though I am the holder of the Account.

By signing this form I agree to indemnify and save the Bank and DDH from and against any claim, loss, demand or damage sustained or incurred by the Bank directly or indirectly consequential on the Bank or DDH acting on instructions given by me which are outside the authority conferred on me by the holder of the BOQ Money Market Deposit Account(s).

Signature

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DECLARATION AND SIGNATURE OF ACCOUNT HOLDER/S

- I/we confirm that the Authorised Signatory set out above is authorised to act on my/our behalf in relation to my/our BOQ Money Market Deposit Account(s) and to provide BOQ or DDH Graham Limited with instructions in accordance with the Terms and Conditions of the BOQ Money Market Deposit Account;
- To the extent permitted by law, I release the Bank and DDH from, and indemnify the Bank and DDH against, all losses and liabilities arising from any payment that the Bank or DDH make or action the Bank or DDH take in accordance with this authority and the terms and conditions to the Account;
- I/we authorise DDH Graham Limited, in its capacity as agent of BOQ, to perform those functions, powers and actions set out in the terms and conditions to be performed by DDH Graham Limited in that capacity; and
- I/we consent to DDH Graham Limited or BOQ recording our telephone calls to them pursuant to those Terms and Conditions.
- DDH Graham Limited and BOQ collect, use and disclose your personal information as provided in their collection statements, and in accordance with their Privacy Policy which is available at www.ddhgraham.com.au and www.boq.com.au.

Signature

Name

Date

Signature

Name

Date