

# AUSTRALIAN DOLLAR AT CALL AND TERM DEPOSIT ACCOUNT OPENING FORM



## 1. CUSTOMER DETAILS (Please complete the following details for each applicant)

Account Title: (the title you would like to use for this account) \_\_\_\_\_

### Are you an existing Citibank customer?

- No. Please go to section 2 and complete all sections.  
 Yes. Please provide details of your existing account.  
Account no. \_\_\_\_\_  
If your details have changed, please complete section 2, otherwise go to section 6.

## 2. APPLICANT 1

### Type of Investor:

- Sole investor     Joint investor     Business  
 Partnership     Trustee     DIY Super Fund  
 Company

Title \_\_\_\_\_ Surname \_\_\_\_\_

### Given Name(s) or Company Name

\_\_\_\_\_ ABN \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

(for security purposes)

### Date of Birth

\_\_\_\_/\_\_\_\_/\_\_\_\_  
d d m m y y y y

### Sex

- Male     Female

Residential Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

### Mailing Address (if different to residential address)

\_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Phone (H) ( ) \_\_\_\_\_ (M) \_\_\_\_\_

(W) ( ) \_\_\_\_\_ (Fax) ( ) \_\_\_\_\_

Email \_\_\_\_\_

### Do you or an immediate family member hold a Public Office position (e.g. politician or diplomatic position)?

- Yes \_\_\_\_\_

(please provide details). By signing this form you confirm that you have, or you will, inform any member of your family referred to above of the information about him or her provided by you to Citibank in this application form.

Nationality \_\_\_\_\_

### Employment Status

- Employed     Self-employed     Unemployed     Retired  
 Other (please specify)

Occupation \_\_\_\_\_

Name of Employer \_\_\_\_\_

### Are you an existing Citibank customer?

- No. Please go to section 2 and complete all sections.  
 Yes. Please provide details of your existing account.  
Account no. \_\_\_\_\_  
If your details have changed, please complete section 2, otherwise go to section 6.

## 2. APPLICANT 2

### Type of Investor:

- Sole investor     Joint investor     Business  
 Partnership     Trustee     DIY Super Fund  
 Company

Title \_\_\_\_\_ Surname \_\_\_\_\_

### Given Name(s) or Company Name

\_\_\_\_\_ ABN \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

(for security purposes)

### Date of Birth

\_\_\_\_/\_\_\_\_/\_\_\_\_  
d d m m y y y y

### Sex

- Male     Female

Residential Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

### Mailing Address (if different to residential address)

\_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Phone (H) ( ) \_\_\_\_\_ (M) \_\_\_\_\_

(W) ( ) \_\_\_\_\_ (Fax) ( ) \_\_\_\_\_

Email \_\_\_\_\_

### Do you or an immediate family member hold a Public Office position (e.g. politician or diplomatic position)?

- Yes \_\_\_\_\_

(please provide details). By signing this form you confirm that you have, or you will, inform any member of your family referred to above of the information about him or her provided by you to Citibank in this application form.

Nationality \_\_\_\_\_

### Employment Status

- Employed     Self-employed     Unemployed     Retired  
 Other (please specify)

Occupation \_\_\_\_\_

Name of Employer \_\_\_\_\_

## BANK USE ONLY

Branch \_\_\_\_\_ Customer GRBS \_\_\_\_\_ CitiGold  Y  N

Branch/Dept/Officer \_\_\_\_\_ Account number \_\_\_\_\_

GEID \_\_\_\_\_ (staff only) Customer relationship number 1. \_\_\_\_\_ Customer relationship number 2. \_\_\_\_\_

This page has been left blank intentionally.

### 3. NOTIFICATION OF TAX FILE NUMBER (TFN)

Tax File Number collection is authorised under taxation law. It is not an offence if you do not quote your Tax File Number or claim an exemption, but if you do not, it could result in tax being deducted at the top marginal rate. Accordingly Citibank strongly recommends that you supply a Tax File Number or claim an exemption or advise us of your Non-Resident status.

- I want to quote a tax file number or exemption. I want it to apply to this account and all existing and future investments in this name unless I tell you otherwise in writing. **(Please complete tear off section below)**
- I do not want to quote a tax file number or exemption.

#### Claiming an exemption

- |  |                              |
|--|------------------------------|
| <input type="checkbox"/> I am a child under 16 years of age and earn less than \$420 per year in interest                      | Bank use only<br>333 333 333 |
| <input type="checkbox"/> I/we receive an Age, Service, Veterans or Disability Support Pension                                  | 444 444 441                  |
| <input type="checkbox"/> I/we are residents of Cocos (Keeling) or Christmas Island   | 777 777 777                  |
| <input type="checkbox"/> I/we receive a Supporting Parent, Widows, Wife's or Carer's pension, Special Rehabilitation Allowance | 444 444 442                  |
| <input type="checkbox"/> I am an entity not required to lodge a tax return   | 555 555 555                  |

#### Advice of Non-Resident status

- I/we are Non-Residents of Australia                      Country code \_\_\_\_\_                      888 888 888

### 4. US TAX DECLARATION

Under the penalties of perjury I certify the following:  I am a US Person (Applicant 1)     I am a US Person (Applicant 2)

- The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person

**Certification instructions.** You must cross out above item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest dividends on your tax return.

**Applicant 1** Employer Identification Number

         

Taxpayer Identification Number / US Social Security Number

         

**Applicant 2** Employer Identification Number

         

Taxpayer Identification Number / US Social Security Number

         

**Definitions of a U.S. Person.** For federal tax purposes, you are considered a U.S. Person if you are: An individual who is a U.S. Citizen or U.S. resident alien, a partnership, corporation, company, or association created or organised in the United States or under the laws of the United States, an estate (other than foreign estate) or, a domestic trust.

### 5. PREFERENCES

**By signing this application form, you consent as follows.** In this section, 'We/us' means Citigroup Pty Limited ("Citibank") and 'you/your' means the person or persons applying for the account. **Privacy Preferences** - Citibank, Citi affiliate companies, Diners Club and their partners may use your information to keep you informed about other products, services and offers which may be of interest to you. Citi and Diners operate in several different lines of business including banking, credit cards, consumer finance, securities, and insurance. If you do not wish these communications to be made to you please notify Citibank in writing or by telephone on 13 24 84. \* Important note: If you have indicated that you wish to receive these communications by phone, you may be contacted even if you have registered your phone number on any governmental do not call register. **Verification** - by submitting this application you acknowledge that these acknowledgements and consents remain in force until the product(s) or facility(ies) to which they relate is/are at an end. **Call recording** - Your telephone calls and conversations with a Citibank representative may be recorded and monitored for quality, training and verification purposes.

#### Please record your tax file number in the appropriate section

Applicant 1	_____	Applicant 2	_____
Partnership	_____	Trust	_____
Company	_____		

This page has been left blank intentionally.

## 6. INVESTMENT DETAILS

Please select the type of account(s) you wish to open and specify the initial deposit amounts.

### At Call Accounts

Cash Management Account \$ \_\_\_\_\_  Money Market At Call Account \$ \_\_\_\_\_

Yes  No I wish to order a Citicard (ATM/EFTPOS access)

Yes  No I wish to order a CitiGold card

Yes  No I wish to order a cheque book (Cash Management Account only)

Yes  No I wish to order a deposit book

Name on cheque book \_\_\_\_\_

### Term Deposits

Deposit amount\* \$ \_\_\_\_\_

Citibank Term Deposit

**Term**  
 24 hours  8 days  14 days  21 days  1 month  2 months  
 3 months  4 months  5 months  6 months  9 months  1 year  
 18 months  2 years (maximum)

Other \_\_\_\_\_

Citibank Term Deposit interest rate \_\_\_\_ . \_\_\_\_ % <sup>1</sup>

For payment of interest, please nominate one of the following options:

Re-invest, i.e. add the interest payable to the balance of the Term Deposit

Credit to my / our nominated Citibank at call account. Account number \_\_\_\_\_

Maturity date    /   /     
d d m m y y y y

<sup>1</sup>The interest rate quoted above is only available if date of completion is the same as date of account opening.

### Source of funds

Telegraphic transfer  Foreign Currency draft  AUD bank cheque  Foreign currency travelers cheques

Citibank account number \_\_\_\_\_ Serial Number \_\_\_\_\_

Other (please specify) \_\_\_\_\_

## 7. AUTHORISATION

In this section, 'I', 'my/our' and 'me/us' means the person or persons applying for the account. I certify the particulars on this form to be true. I acknowledge that upon the issue of my/our Account I will be bound by: a) its Product Features and Terms and Conditions, b) the Non-Cash Payment Facilities Terms & Conditions, to be provided to me/us and available online at [www.citibank.com.au](http://www.citibank.com.au) or on request. I have also read and agree to the Privacy Preferences in section 5.

**US Tax Declaration: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Information on this form will be reported to the Internal Revenue Service for all nominated U.S. Persons.**

\_\_\_\_\_  
**Signature of Applicant 1**

   /   /     
d d m m y y y y

\_\_\_\_\_  
**Signature of Applicant 2**

   /   /     
d d m m y y y y

**BANK USE ONLY**  MITD <sup>2</sup>  QITD <sup>2</sup>  ANNY  MMTD

<sup>2</sup>Only available for terms one year and greater.

Interviewing Officer (signature & stamp) \_\_\_\_\_  
d d m m y y y y

Checked by (signature & stamp) \_\_\_\_\_  
d d m m y y y y

This page has been left blank intentionally.

## 8. AUTHORITY TO OPERATE

This Authority must be completed for all Accounts other than individual Accounts with sole signatory

**Account Title** (Complete in block letters with surname first then given names if appropriate)

I/We authorise and direct that this Authority applies to the Account in this name listed above and all future accounts in the same name.

### Method of Operation

Citibank is only permitted to act upon the instructions of the person(s) authorised to operate the account where the instructions have been received from the following number of authorised person(s).

One signature required                       Two signatures required                       Three signatures required

Other (please specify) \_\_\_\_\_

### Duration of Authority

This Authority commences immediately and revokes any previous Authorities on this account. This Authority shall continue until Citibank receives written notice from one or more of the account holders revoking this Authority.

### Liability

The account holder(s) shall be solely responsible to Citibank (on a joint and several basis where a joint account) for all liability incurred on or in respect of the account, including any liability which arises from or to Citibank in accordance with this Authority.

### Additional Signatories

The following additional persons are authorised to operate the Account in all respects as if they were an "Account holder". This authority does not extend to the additional signatory/ies amending or replacing this authority or authorising other persons to operate this Account.

FULL NAME OF ADDITIONAL SIGNATORY/IES ONLY (Surname first then given names)	SIGNATURE
<i>Additional signatories to complete</i>	
<i>Additional signatories to complete</i>	
<i>Additional signatories to complete</i>	

### Authorisation by Account Holders

BEFORE SIGNING to authorise this Authority, please ensure that all alterations have been initialled and blank spaces ruled through with a diagonal line. Where the Account holder is a Company, Partnership, Trustee or Society and this Authority is signed by one or more officers of that Company, Partnership, Trustee or Society, then such persons warrant that they are duly authorised by the Account holder to sign this Authority on its behalf. Please rule through the blank space with a diagonal line if you do not wish to nominate other persons.

FULL NAME OF ACCOUNT HOLDERS ONLY (Surname first then given names)	OFFICIAL POSITION (For non-personal accounts only)	SIGNATURE
<i>Account Holders to complete</i>		
<i>Account Holders to complete</i>		
<i>Account Holders to complete</i>		

### BANK USE ONLY

Account Number: \_\_\_\_\_

Relationship Number: \_\_\_\_\_

Maker (signature & stamp)                      Date: \_\_\_/\_\_\_/\_\_\_  
d d m m y y y y

Checker (signature & stamp)                      Date: \_\_\_/\_\_\_/\_\_\_  
d d m m y y y y

This page has been left blank intentionally.



## 9. WRITTEN / TELEPHONE / FACSIMILE INSTRUCTION AUTHORITY

Please complete this section if you would like each account holder and each person authorised to operate the account (per the Authority to Operate) to operate the account by written/telephone/facsimile instructions. The written / telephone / facsimile instruction authority provided below will apply to all future accounts opened unless otherwise requested.

Account title: \_\_\_\_\_

**Option 1**  Required  Not Required

The account holder authorises Citibank to act on telephone, facsimile and written instructions to transfer funds between all accounts held by the account holder with Citibank provided they are in the same name, and can be operated by the same signatories.

**Option 2**  Required  Not Required

The account holder authorises Citibank to act on written or facsimile instructions to transfer funds to third parties nominated below (including by bank cheques, bank drafts and telegraphic transfers).

Account Number (if applicable)	Bank/Branch/BSB (if applicable) account name	Nominated third parties/ (if applicable) account name

**Option 3**  Required  Not Required

The account holder authorises Citibank to act on written or facsimile instructions to transfer funds to third parties generally (including by bank cheques, bank drafts and telegraphic transfers).

**Citibank may require a tape recorded telephone call back to be conducted to verify and confirm the request before the transaction can proceed.**

**For all options above:**

I/we agree to be bound by the conditions for Written/Telephone/Facsimile Instructions set out in the Conditions for Written/Telephone/Facsimile Instructions Authority.

FULL NAME OF ACCOUNT HOLDERS ONLY (surname first then given names)	SIGNATURE

### BANK USE ONLY

Account Number: \_\_\_\_\_

Customer Number: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_  
d d m m y y y y

This page has been left blank intentionally.

## 9. CONDITIONS FOR WRITTEN/TELEPHONE/FACSIMILE INSTRUCTIONS AUTHORITY

1. In these conditions:
  - (a) "Authority" means the Written/Telephone/Facsimile Instructions Authority provided on page 5 of this form together with these conditions (as amended by the account holder from time to time); and
  - (b) "Account" means the account/s described on page 5 of this form.
2. The account holder has requested Citibank to accept certain instructions by writing, telephone and facsimile in relation to the account as requested in the Authority. The account holder understands that:
  - (a) these methods of communication involve greater risks (including, without limitation, the risk of fraud) than more commonly accepted forms of communication;
  - (b) Citibank will accept instructions received in accordance with the Authority from each account holder and any persons authorised to operate the account by way of the Authority To Operate on page 3 of this form. The account holder, fully aware of the associated risks, requests and authorises Citibank to act upon facsimile and telephone instructions given in accordance with this Authority.
3. The account holder shall provide Citibank with:
  - (a) a properly completed original Authority;
  - (b) any other document Citibank may request evidencing that this Authority has been properly authorised; and
  - (c) written notice upon termination of this Authority.
4. The account holder may, from time to time, vary this Authority by delivering to Citibank an original signed variation in such form as is acceptable to Citibank. Citibank is authorised to rely on each such variation. Unless otherwise agreed in writing at that time, any such variation shall be effective no earlier than the third Business Day after receipt by Citibank, and shall not affect Citibank's actions or omissions prior to such effective date.
5. The account holder agrees:
  - (a) to strictly limit information about the contents of this Authority to only those persons who need to know in order to effectively operate the Account;
  - (b) to use its best efforts to ensure that such persons at all times treat the contents of this Authority with strict confidentiality in order to maintain the security of the procedures hereby established;
  - (c) to immediately notify Citibank of any suspected breach or compromise of the security of the procedures hereby established.
6. The account holder agrees that as long as Citibank acts in accordance with this Authority:
  - (a) Citibank shall have no further duty to verify the content of any facsimile or telephone instructions or the identity of the sender or confirmer of it; and
  - (b) the account holder will be bound by any debit or credit instruction, whether or not authorised by it, which is sent in its name and accepted by Citibank.
7. Citibank shall have absolute discretion, for any reason whatsoever, to act or not to act upon and/or to request verifications of any facsimile or telephone instructions received in relation to the Account. Citibank shall attempt to notify the account holder promptly should Citibank elect to defer acting in accordance with instructions.
8. The account holder will upon demand indemnify Citibank, its officers and employees, its related bodies corporate and their officers and employees, for and hold them free and harmless from and against:
  - (a) any and all responsibility for, and any and all costs, claims, losses or liabilities of any nature (direct or indirect) resulting from any act or omission taken or not taken (as the case may be) in accordance with this Authority, including, without limitation, any act or omission (or any delay) in response to instructions to Citibank to transfer funds or purchase, sell or otherwise dispose of commodities or securities; and
  - (b) any and all costs and expenses associated with the terms described in 8(a), including Citibank's legal fees and expenses

EXCEPT THAT the account holder will have no liability in respect of any such claims arising from Citibank's bad faith or wilful misconduct, or where Citibank has failed to act in accordance with this Authority.

This paragraph 8 shall survive the termination of this Authority or any part of it.

9. If any provisions of this Authority is declared to be invalid or unenforceable, the remaining provisions shall nevertheless remain in full force and effect.

### SIGNATURE CARD

ACCOUNT TITLE:	ACCOUNT No.:																				
METHOD OF OPERATION: (Tick one only)																					
<input type="checkbox"/> One signature required	<input type="checkbox"/> Two signatures required																				
<input type="checkbox"/> Other (please specify here) →	<input type="checkbox"/> Three signatures required																				
<table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																					

FULL NAME (SURNAME first, then GIVEN NAMES)	SIGNATURES TO BE ENTIRELY WITHIN SHADED AREA

For customers of Citibank N.A. Sydney branch, all obligations hereunder are payable solely at and by Citibank, N.A., Sydney branch, subject to the laws of Australia (including any government actions, orders, decrees and regulations.) Deposits to this account are not covered by Division 2 of the Banking Act and, as such, are not subject to depositor protection provisions of the Act.

MCG279	Date Received	Maker	Checker/Approver	Head Office Use
BANK USE ONLY				

