

Member Details

Member number: _____ Date: _____
Member name: _____

ADDITIONAL PARTY DETAILS

Along with this completed form, please provide identification for the additional party as per the [Membership ID Requirements](#).
If the additional party is unable to present identification in-branch please refer to the [Identification Certification Information Sheet](#).

Existing relationship with Heritage

Do you have an existing relationship with Heritage? Yes No

If **yes**, list existing member number/s: _____

NOTE: If you have an existing relationship with Heritage, we will use the below details to check and update your existing details.

Additional party details

Party type: Authorised signatory Executor Token Holder Beneficial Owner Enquiry Access Director
 Trustee Partner Public/Authorised Officer

Title: _____ Surname: _____

Given names: _____

Commonly known as: _____ Date of birth: _____

First school attended: _____ Mothers maiden name: _____

Email: _____ Gender M F Undisclosed

Residential address

Property: _____ Unit/flat #: _____ House #: _____

Street name: _____ Street type: _____

Suburb: _____ State: _____ Postcode: _____

Mailing address (if different from above): _____

Contact details

Home: _____ Work: _____ Mobile: _____

Other: _____ If other, relationship: _____

Foreign country tax details

Are you a US citizen or resident of any country other than Australia for tax purposes?

No Yes – please provide foreign tax details for each country in the table below.

	Country / Jurisdiction of Tax residence	If no TIN available, select reason: A The country/jurisdiction where the Account Holder is resident does not issue TINs B Unable to provide to the bank due to the law by country/ Jurisdiction of tax residence C Unable to obtain a TIN or equivalent (please state reason why)
1		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
2		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
3		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

If more than 3 countries are selected, please call our Contact Centre on 13 14 22

Declaration and signature

By signing this Addition of Party Form, I agree to the following:

- To be bound by the terms and conditions as outlined in the Guide to Heritage Deposit Products.
- That it is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to make a false and misleading statement. I/We declare that the details as shown on this form are complete and accurate.
- I have received a copy of the Heritage Privacy Policy and consent for my personal information to be collected, used and disclosed in accordance with Heritage's Privacy Policy. This includes verification of personal information as required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.
- This information reflects my tax residency status.
- I will update Heritage within 90 days if my tax residency status has changed, and provide Heritage with an updated Party Form (and any documentary evidence as required).
- I acknowledge that information regarding a related account to the entity named in this form and details contained in this form may be provided to the Australian Taxation Office and exchanged with tax authorities of another country/jurisdiction.

Name: _____

Signature: _____ Date: _____

Account Holder / Authorised Account Opener Acknowledgment

I/we certify that:

- Authority has been given to the party nominated in this form to conduct operations on behalf of me/us.
- This signing authority will extend to all accounts and term deposits opened under the above member number and will remain in force until Heritage has received notice in writing of the cancellation thereof.
- Cheque Accounts: This does not refer to cheques dated prior to the date hereof and presented for payment on or after such date.

In respect of any subsidiary credit or debit card issued, I/we acknowledge and agree that:

- I/we will be liable for all debts incurred by the subsidiary cardholder when using their card prior to the time the card is stopped or canceled.
- I/we may stop or cancel a subsidiary card by telephone, face to face, in a branch or in writing.

Name: _____ Name: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Name: _____ Name: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Branch use only	Branch Stamp:	Coded:	Checked:	Verification obtained (Y/N)?	CSO Signature:	Checking Officer Signature: