



BWA Cash Management Account Form B – Business Applicants

(including Australian Companies, Businesses, Sole Traders and Partnerships)

This application form is used for opening an account in the BWA Cash Management Account (Account) and obtaining related Access Facilities. The application form accompanies the Product Information Statement (PIS) for the Account dated 24 February 2011. Any person giving another person this application form must also provide that person with the BWA Cash Management Account PIS. The BWA Cash Management Account is a deposit account offered by Bank of Western Australia Ltd ABN 22 050 494 454 AFSL 236872.

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

1. INVESTMENT DETAILS

What is the purpose of your investment?

2. BUSINESS DETAILS

Full name of Company, Partnership or other entity

ACN/ARBN (if applicable)

ABN

Password (optional)

Country of establishment (leave blank if Australia)

Account designation (optional)

3. COMPANY/BUSINESS ADDRESS DETAILS

Principal place of business (if any) (PO Box is NOT acceptable)

Address

Suburb

State

Postcode

Country (leave blank if Australia)

Mailing address – Please tick (✓) if mailing address and street/business address are the same.

Address

Suburb

State

Postcode

Country (leave blank if Australia)

Duplicate statement mailing address

Address

Suburb

State

Postcode

Country (leave blank if Australia)

Please note: Form D may be required for a Third Party to receive a duplicate statement.

3. COMPANY/BUSINESS ADDRESS DETAILS (CONTINUED)

Contact details*

Contact name

Contact phone number

Contact email address

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

4. CMA ACCOUNT SIGNATORY DETAILS

CMA ACCOUNT SIGNATORY 1

Mr Mrs Miss Ms Other

Given name(s)

Surname

Residential address (mandatory, a PO Box, RMB or C/- is not sufficient)

Suburb

State

Postcode

Country (leave blank if Australia)

Date of birth

Password (optional)

Occupation

Your main country of residence, if not Australia

Employer

Phone number

Email address

CMA ACCOUNT SIGNATORY 2

Mr Mrs Miss Ms Other

Given name(s)

Surname

Residential address (mandatory, a PO Box, RMB or C/- is not sufficient)

Suburb

State

Postcode

Country (leave blank if Australia)

Date of birth

Password (optional)

Occupation

Your main country of residence, if not Australia

Employer

Phone number

Email address

If there are more than two 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 27 of the PIS.

6. MANNER OF OPERATION

Please elect how you wish to operate your 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. DOCUMENT CHECKLIST*

Please ensure you have the necessary documents below:

Entity	Documents required
Partnership	A copy of the Business Name Registration Certificate or Partnership Agreement.
Unincorporated Body	A copy of the instrument authorising signatories to operate the CMA. For example, minutes of an association meeting.

Please tick (✓) if you have attached the necessary documents identified above.

* Please note that further documentation may be requested in certain circumstances.

8. 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

Enquiry Access

No access*

* Please note that by ticking the box above you are overriding item 9 of the declaration following. Please refer to page 21 section 9.1 for details.

9. TAX FILE NUMBER/NON-RESIDENT DECLARATION/TAX IDENTIFICATION NUMBER

The TFN, ABN or ARBN you quote, if you choose to do so, must be that of the Company, Business, Sole Trader, Partnership, Incorporated Body or Unincorporated Body.

Applicant TFN/ABN/ARBN

Applicant TIN

If you are a non-resident for tax purposes, please provide your country of residence.

Please tick (✓) exemption category if applicable. 1 2 3

Refer to page 10 of the PIS for TFN exemption categories.

10. DECLARATION

I/We declare and agree that:

1. **I/We have received a copy of the PIS to which this application relates and have read, understood and agree to its terms.**
2. I/We agree to be bound by the provisions of this PIS (including the Access Facilities – Conditions of Use as amended and notified to us from time to time).
3. All details provided in this application are true and correct.
4. If I am/we are an individual or joint investor, I/we declare that I am/we are 18 years of age or older and I/we have the legal power to invest in accordance with the application.
5. I/We have received and completed this application in Australia.
6. I/We further acknowledge that neither Colonial First State nor the Bank guarantees the performance of the CMA or the repayment of capital from the CMA.
7. If this application is signed under a power of attorney, the attorney declares that he/she has not received notice of revocation of that power.
8. I/We agree that transaction confirmations may be provided in the manner stated on page 9 of the PIS.
9. Unless I/we have indicated otherwise under section 8, I/we authorise Colonial First State and Bankwest to provide an 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 CMA, including copies of documents issued in relation to the CMA (in addition to the powers the Adviser Firm may have as an authorised signatory).
10. I/We acknowledge that I/we have read the pages of the PIS containing the information under the heading 'How is your personal information dealt with?'. I am/We are aware that until I/we inform Colonial First State otherwise, I/we will be taken to have consented to all the uses and disclosures of my/our personal information (including marketing) contained under that heading.

The BWA Cash Management Account is offered by Bank of Western Australia Ltd ABN 22 050 494 454 AFS Licence 236872.

Signature of CMA account signatory 1/corporate officer

Signature of CMA account signatory 2/corporate officer

X

X

Name

Name

Corporate title

Corporate title

Date

Date

D D / M M / Y Y Y Y

D D / M M / Y Y Y Y

AFFIX
COMPANY SEAL
HERE IF
APPLICABLE

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

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

Dealer group

Adviser firm name

Adviser name

BWA CMA Adviser Code

Client Account Number

BSB and CMA Account Number (if provided)

Platform name

Platform reference

Office use only

Dealer/Firm details