



### Corporate Card Accountholder Details

New facility for a Corporate Charge Card or a Corporate Credit Card

#### Instructions

Two (2) options are available to you with the Commonwealth Bank Corporate card. Only one of the following options can be chosen. Please tick your required option.

Corporate Charge Card  
If you choose the **Corporate Charge Card** functionality, the total outstanding balance on your facility must be swept monthly to a nominated bank account.

Corporate Credit Card  
If you choose the **Corporate Credit Card** functionality, a minimum monthly payment may be required. Payment can be made at any Commonwealth bank branch, electronically via QuickLine or PhoneBank and Autopay..

If you choose the Business Credit Card functionality, please use Application for Business Credit Card (002-848).

**Card Operations use only**  
5 5 5 0 | 0 5

**Card Operations use only**  
5 5 8 7 | 0 1

#### Account holder details

Full name of applicant

(Max 26 characters)

Trading name of applicant

(Max 26 characters)

Trading name to appear on card

(Max 21 characters)

Daily client contact name

Telephone number

Fax number

What year was the business established

#### Postal address for correspondence (e.g. monthly statements)

(Max 26 characters)  
Suburb (Max 26 characters) State Postcode

Mailing address

Business address  Individual employee's stated address

Facility Limit sought \$ Business Financial year end month (e.g. 06 = June)

Requested Bill Day Start of month  Mid month  Month end  Specific working day of each month (1-20) business

Do you wish to use Smart Data online? No  Yes

#### Corporate Charge Card required

Cheque account number for monthly direct debit payment BSB Account number

If other bank account a Direct Debit request form (DDR) will be required

#### Facility signatories and verifying officers

Facility signatories authorise new card holder applications on behalf of the account holding company. Verifying officers are responsible for confirming the identity of new cardholder applicants and that necessary ID has been provided under the Anti-Money Laundering and Counter-Terrorism Financing Act.

#### Section A: Authorised signatories

Please choose one of the following options. We wish for our facility signatory/ies to be the same as the following CBA account:

BSB Account number

or We wish to appoint the following signatory/ies to our facility:

#### Signatory 1

Title: Given name/s

Surname Date of birth

Other names known by (if any)

Full residential address (PO Box not acceptable)

State Postcode Country

#### Signatory 2

Title: Given name/s

Surname Date of birth

Other names known by (if any)

Full residential address (PO Box not acceptable)

State Postcode Country

**Declaration**

I/We hereby declare that the information stated within this application is, to the best of my/our knowledge and belief, true, correct and complete.

I/We authorise the Bank to make any enquiries to which reference is made in the Privacy Act Acknowledgement and consent I/we sign.

I/We acknowledge that the Card will be issued solely for the purpose of paying expenses incurred in the course of the Accountholder's business. I/We understand that we have no claim against the Commonwealth Bank of Australia for any use of the Card/s contrary to the purpose for which it is issued.

**The following declaration applies to individual applicants only**  
I/We declare that the credit to be provided to me/us by the Bank, if this application is approved, is to be applied wholly or predominantly for business or investment purposes (or for both purposes).

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 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 that the details as shown on this form are complete and correct.

**Important**  
You should not sign this declaration unless this loan is wholly or predominantly for business or investment purposes. By signing this declaration you may lose your protection under the Consumer Credit Code.

Signature

Date

Signature

Date

**Section B: Verifying officers**

You may appoint verifying officers who can sign your applications confirming the identity of the new cardholder. If you have a verifying officer it means the cardholder doesn't have to be identified by the bank, saving you time.

We wish our verifying officer/s to be the same as on the following CBA account.

BSB

Account number

or please fill out Section C

**Section C: Appointment of a Verifying Officer**

**Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) Act 2006**

Full given name/s

Position in company

Being the (tick as appropriate):

principal executive officer  person responsible for administration of the accounts for

Name of Company, Trust, Partnership, Association, Registered Co-operative or Government Body

ACN/ARBN/Equivalent Registration Number

appoint the following person/s as verifying officer/s to identify the agents (ie. person/s) who are authorised to operate on the Entity's accounts and/or facilities listed above. I declare that the verifying officer/s is/ are an employee, agent or contractor of the above entity and is/are duly authorised by the Entity to act as the verifying officer/s for the Entity. I acknowledge that the verifying officer/s will act as an agent/ agents of the Commonwealth Bank of Australia solely for the purpose of identifying signatories to the Entity's bank account/s. All other activities of the verifying officer/s pursuant to this appointment, including identification of signatories for non-bank account products offered by the Commonwealth Bank of Australia, are undertaken on behalf of the Entity. The Commonwealth Bank may continue to act on any notification from any of the verifying officer(s) until it receives written notification

of the revocation of their authority to act as verifying officer(s) of the Entity. The Commonwealth Bank may continue to accept and act on instructions from any agents authorised to operate the Entity's accounts and/or facilities listed above as notified by any verifying officer until it receives written notification of the revocation of that authority.

Signature of principal executive officer/ person responsible for administration of the accounts

Date effective from

**Details of appointed Verifying Officer**

Please complete another form if more than two verifying officer/s are being appointed and attach to this form.

**Verifying Officer 1**

Title  Mr  Mrs  Miss  Ms  Other

Surname

Given name/s

Date of birth

Other names known by (if any)

Full residential address (PO Box not acceptable)

State

Postcode

Country

Contact phone number

Position title

Please complete the following question only if the verifying officer is a resident of any foreign country(ies):

**Country(ies) of residence** - If you are a resident of any foreign country(ies), please list the country(ies)

Do you have an existing Commonwealth Bank account?

No  Yes  Please provide your account number

**Verifying Officer 2**

Title  Mr  Mrs  Miss  Ms  Other

Surname

Given name/s

Date of birth

Other names known by (if any)

Full residential address (PO Box not acceptable)

State

Postcode

Country

Contact phone number

Position title

Please complete the following question only if the verifying officer is a resident of any foreign country(ies):

**Country(ies) of residence** - If you are a resident of any foreign country(ies), please list the country(ies)

Do you have an existing Commonwealth Bank account?

No  Yes  Please provide your account number

## Declarations by Verifying Officer/s

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 that the details as shown on this form are complete and correct.

I/We agree to identify the agents/signatories in accordance with the requirements of the AML/CTF Act 2006 and will provide the Commonwealth Bank of Australia with the full name of each agent/signatory and a copy of their signature and to keep this information up to date.

I/We acknowledge that when identifying agents who are signatories to the Entity's bank account/s, I/we will act as agent/s of the Commonwealth Bank of Australia and will follow any reasonable direction of the Commonwealth Bank of Australia in relation to this activity.

I/We agree to collect the following information from each agent/

signatory, to maintain a record of this information for a period of 7 years after the end of the Entity's relationship with the Commonwealth Bank of Australia and to supply this record or a copy of this record to the Commonwealth Bank of Australia on request:

### Information collected for agents generally

- Record full name of agent;
- Record title of position or role held by agent with the Entity
- Retain copy of agent's signature; and
- Retain evidence of agent's authorisation to act on behalf of the Entity.

### Additional information to be collected for agents who are signatories to the Entity's bank account/s with the Commonwealth Bank of Australia

- Record date of birth **and** residential address of the signatory;
- Check the signatory's valid driver's license or passport to confirm full name and either date of birth or residential address; and
- Retain a photocopy of the agent's driver's license or passport.

Signature of Verifying Officer 1

Date

X

Signature of Verifying Officer 2

Date

X

## Bank use only

**Must be completed for all facilities prior to forwarding to the Corporate Cards team**

**Note - Only staff that are CAA/PAA compliant can approve this Corporate card application form.**

**For further information to how approval can be obtained please contact your nearest BBC for instructions.**

### Corporate Credit Card only

Interest rate (if standard rate please leave blank)

% pa

Existing CIF ID

#### Company Type Codes

AB Agribusiness  
CO Corporate (inc regional)  
CS Community Service  
IB Institutional  
MM Small to Medium enterprises  
NP Non Profit Organisation  
OO Small Business  
PB Professional Business

#### Industry Type Codes

ACC Accommodation  
AGR Agriculture  
COM Communications  
CON Construction  
CUL Cultural and Recreational  
EDU Education  
ELE Electricity  
FIN Finance and Insurance  
FIS Fishing

FOR Forestry  
GAS Gas  
GOV Govt Admin and Defence  
HLT Health and Community Services  
MAN Manufacturing  
MIN Mining  
POS Personal and Other Services

PRO Property and Business Services  
RES Restaurants  
RET Retailing  
TAS Transport and Storage  
WAT Water  
WST Wholesale Trade

### CRL Information (Corporate Credit Card only)

Is CRL required?

No  Yes

Director/s or other guarantor/s names

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Business name (where appropriate should be the same as the account holder's name)

Business telephone number

Trading address

Suburb

State

Postcode

Please ensure the section below has been completed prior to forwarding the application to the Corporate Cards team

A Commonwealth Bank Corporate Card facility has been approved and security (where applicable) completed.

TLS 125 completed and held on file.

**Note:** Where appropriate, an application for Business Credit (SBD1C or eform 000-034) must be completed and held on file.

- Ensure that the cardholder and authorised signatory/ies of account holder have signed form.

**Verifying Officer 1**

Record of identifications details used for individuals e.g. drivers licence, passport

Document type	Document number	Name on document	Place of issue	Issue date	Expiry date

- For existing bank client Commonwealth Bank account confirmed valid and not stopped; **or**  
 Perform the appropriate identification and verification as per the Acceptable Identification Standard (Individual Customer) document to verify the following details (tick which one of the following was verified)

The name of the individual; **and**  The date of birth of the individual; **or**  The address of the individual

**Verifying Officer 2**

Record of identifications details used for individuals e.g. drivers licence, passport

Document type	Document number	Name on document	Place of issue	Issue date	Expiry date

- For existing bank client Commonwealth Bank account confirmed valid and not stopped; **or**  
 Perform the appropriate identification and verification as per the Acceptable Identification Standard (Individual Customer) document to verify the following details (tick which one of the following was verified)

The name of the individual; **and**  The date of birth of the individual; **or**  The address of the individual

**Signatory 1**

Record of identifications details used for individuals e.g. drivers licence, passport

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The name of the individual; **and**  The date of birth of the individual; **or**  The address of the individual

**Signatory 2**

Record of identifications details used for individuals e.g. drivers licence, passport

Document type	Document number	Name on document	Place of issue	Issue date	Expiry date

- For existing bank client Commonwealth Bank account confirmed valid and not stopped; **or**  
 Perform the appropriate identification and verification as per the Acceptable Identification Standard (Individual Customer) document to verify the following details (tick which one of the following was verified)

The name of the individual; **and**  The date of birth of the individual; **or**  The address of the individual

Staff name

Staff number

Signature