

## Nomination Form

Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking companies (Nomination) Rules, 1985 in respect of bank deposits.

<b>To:</b>	<b>The Manager, Westpac Banking Corporation ("the Bank")</b>
<b>Branch:</b>	<input type="text"/>

### 1. Customer and Account Details

Customer's Name

In the event of my/our/minor's death, the amount of the deposit account listed below may be returned by Westpac Banking Corporation to the nominee as identified below in Section 2. Details of Nominee.

#### Account Holder 1

Title Full Name (*Given names and Surname*)

<input type="text"/>	<input type="text"/>
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Address

<input type="text"/>		
City	Country	Postcode

#### Account Holder 2

Title Full Name (*Given names and Surname*)

<input type="text"/>	<input type="text"/>
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Address

<input type="text"/>		
City	Country	Postcode

Type of Account/Deposit

Account Number

### 2. Details of Nominee

Title Full Name (*Given names and Surname*)

<input type="text"/>	<input type="text"/>
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Address

<input type="text"/>		
City	Country	Postcode

Relationship with Account Holder

Date of Birth (dd/mm/yyyy)

### 3. Nominee is a Minor

Complete this section if the nominee is a minor.

as the nominee is a minor on this date, I/We appoint the following person to receive the amount of the deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Title	Full Name (Given names and Surname)
<input type="text"/>	<input type="text"/>

Address

<input type="text"/>		
City	Country	Postcode

### 4. Customer Signature

Where deposit is in the name of a minor the nomination must be signed by a person lawfully entitled to act on behalf of the minor

Signature of Account Holder 1	Date (dd/mm/yyyy)	Place
<input type="text" value="X"/>	<input type="text" value="/ /"/>	<input type="text"/>

Signature of Account Holder 2	Date (dd/mm/yyyy)	Place
<input type="text" value="X"/>	<input type="text" value="/ /"/>	<input type="text"/>

### 5. Witness Details

Thumb impressions must be attested by two witnesses (Complete this section is applicable).

#### Witness 1

Title	Full Name (Given names and Surname)
<input type="text"/>	<input type="text"/>

Address

<input type="text"/>		
City	Country	Postcode

Signature	Date (dd/mm/yyyy)
<input type="text" value="X"/>	<input type="text" value="/ /"/>

#### Witness 2

Title	Full Name (Given names and Surname)
<input type="text"/>	<input type="text"/>

Address

<input type="text"/>		
City	Country	Postcode

Signature	Date (dd/mm/yyyy)
<input type="text" value="X"/>	<input type="text" value="/ /"/>