

# International Payments: Australia New Account Application



CLEAR FORM

Before completing this form, please acknowledge you have received our [Financial Services Guide](#) and [Telegraphic Transfers and Forward Exchange Contracts Product Disclosure Statement](#). Please confirm you have received and read those documents by ticking the box.

- Please complete this form either:
  - Online:** Key in details using the tab key to move between fields. Print this form to have it signed. (This form can also be saved for later use.)
  - Offline:** Print and complete by hand in CAPITAL LETTERS.
- All fields are mandatory.
- Ensure the declaration section is physically signed by an Authorised Officer of the Business (e.g. Sole Trader, Director, Partner, etc).
- This application has been prepared in accordance with the requirements of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, which require American Express to collect certain information relevant to the applying entity.

## PART A - BUSINESS INFORMATION

Full Legal Entity Name as per ASIC/ABR	Business Name/Trading Name as per ABR
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Registered Street Address (Not a PO Box)

Suburb/City	State	Postcode
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Principal Place of Business Address (not a PO Box address)  Tick if as above

Suburb/City	State	Postcode
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Phone No	Business Website/URL
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ACN/ARBN	ABN
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Date Incorporated with ASIC (DD/MM/YYYY) □□/□□/□□□□	Country of Incorporation/Registration/Establishment
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**Legal Structure** ("Business") as per ABR. (Please tick one†):

1. Company     2. Partnership     3. Sole Trader     4. Trust     5. Government Entity     6. Association  
 7. Registered Cooperative     8. Other. Please specify:

**Source of Wealth** (Select from below the economic activity which has generated the net worth for the entity)\*:

- Company Profits     Property Sale     Savings from Employment Income  
 Company Sale or Sale of an Interest in Company     Share Sale     Maturing Investments or Encashment Claim  
 Gift/Donation     Loan     Inheritance  
 Other Income Sources. Please specify:

† All applications must be accompanied by a completed Addendum relevant to the legal structure of the applicant.

\* Trade references, the most recently compiled financial statements and documentation to support wealth generation may be required to support your application. By signing this agreement you acknowledge and agree that we may request trade references, financial statements and/or other supporting documentation from your company from time to time.

## PART B - BUSINESS PROFILE/PAYMENT NEEDS

Your Industry/Nature of Business	Goods and Services for which you Make Payments (International and Domestic)
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Countries to which you Make/Receive Payments	Currency in which you Make Payments: <input type="checkbox"/> Foreign Currency <input type="checkbox"/> Australian Dollars <input type="checkbox"/> Both
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Number of Payments per Month (International and Domestic)	Average Value of One Month's Total Payments in Australian Dollars
Requested Daily Limit	

Products Used for International Payments:

- Outgoing Telegraphic Transfers
  Incoming Telegraphic Transfers
  Forward Contracts
  Cross Currency Telegraphic Transfers

### PART C - OFFICIAL AUTHORISATIONS

FX International Payments from American Express offers multiple levels of authorisation for online clients. Each user may be individually authorised to perform specific functions on FX International Payments online system. Select the appropriate level of authorisation for your entity:

- **Single Verification:** User inputs the payments details, approves the same payment and completes the transaction.
- **Dual Verification:** User inputs the payment details, but is not authorised to approve the same payment for release. Another user verifies the information and approves the payment to complete the transaction.

Please list the person(s) and his/her signature(s) that are authorised to make International Payments on behalf of your company and indicate all applicable authorisations.

For phone identification purposes, each authorised user is required to provide their date of birth.

I designate the following individuals, as authorised, to enter into foreign exchange transactions on behalf of the Business.

#### PRIMARY CONTACT

Full Name	Position/Title	
City of Residence	Country of Residence	
Email <sup>^</sup>	Signature	Date of Birth (DD/MM/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please indicate all applicable authorisation levels for this user (Please select options for single or dual only):

**Single Verification:**

- Input and approve payments  
 View transaction history/generate reports  
 Administer account changes and change user authorisation (Account Administrator)

**Dual Verification:**

- Input payment details  
 Approve payments made by a different user  
 View transaction history/generate reports  
 Administer account changes and change user authorisation (Account Administrator)

<sup>^</sup>By providing us with your email address, you consent to us sending you email messages with details about changes to your account Terms and Conditions, other important information about your account, commercial electronic messages and offers that may be suited to your needs. Please visit our website page <http://americanexpress.com.au/privacy> and select "How to Decline Email" to review or change your email choices.

**Opt-Out:**  I do not wish to receive email messages about offers that may be suited to my needs.

#### SECONDARY CONTACT

Full Name	Position/Title	
City of Residence	Country of Residence	
Email <sup>^</sup>	Signature	Date of Birth (DD/MM/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please indicate all applicable authorisation levels for this user (Please select options for single or dual only):

**Single Verification:**

- Input and approve payments  
 View transaction history/generate reports  
 Administer account changes and change user authorisation (Account Administrator)

**Dual Verification:**

- Input payment details  
 Approve payments made by a different user  
 View transaction history/generate reports  
 Administer account changes and change user authorisation (Account Administrator)

<sup>^</sup>By providing us with your email address, you consent to us sending you email messages with details about changes to your account Terms and Conditions, other important information about your account, commercial electronic messages and offers that may be suited to your needs. Please visit our website page <http://americanexpress.com.au/privacy> and select "How to Decline Email" to review or change your email choices.

**Opt-Out:**  I do not wish to receive email messages about offers that may be suited to my needs.



## PART D - MEMBERSHIP REWARDS POINTS

If you're an American Express Business Card Member and enrolled in the Membership Rewards program, you can earn Membership Rewards points on the transactions you make with us. For more details please refer to our Membership Rewards Points disclaimer document available online at <http://membershiprewards.com.au/termsandconditions>.

American Express Card Number □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Name on Card
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## PART E - SETTLEMENT METHOD(S)

List how you wish to settle the transaction with FX International Payments\*\*:

- EFT (or Direct Credit) or BPAY to the bank account of American Express FX International Payments. Please complete Part F.
- Direct Debit from your nominated bank account. Please complete Part G. (Part F is not required)

\*\*Settlement method selected will be subject to final approval by American Express.

## PART F - BANK ACCOUNT INFORMATION - EFT & BPAY

**Source of Funds** (Provide the bank account details from where the funds will originate from or be transferred to)\*:

Financial Institution Name		Branch where Account is Held
Account Name	BSB	Account Number

\*Documentation such as a voided cheque and/or copy of a current bank statement will be required to support your application. By signing this application you acknowledge and agree that we may request supporting bank account information from your company from time to time.

## PART G - DIRECT DEBIT AUTHORISATION

I/We request and authorise American Express (User ID No. 031275), subject to the Direct Debit Request Service Agreement, to debit amounts in connection with our relationship with American Express, from my/our nominated account at the financial institution as follows:

Financial Institution Name		Branch where Account is Held	
Financial Institution Address		State	Postcode
Account Name	BSB	Account Number	

### Acknowledgement

By signing this Direct Debit Request I/we acknowledge:

- that I/we have read and understood the Direct Debit Request Service Agreement and agree to be bound by the terms of that agreement in addition to the Terms and Conditions for Foreign Exchange Transactions contained in our Product Disclosure Statements; and
- that this Direct Debit Request requests and authorises American Express to debit amounts from my/our nominated account from time to time.

To bring this Direct Debit Request into effect, you must attach either a voided cheque (simply write "void" across the front) or a copy of the most recent bank statement to your Direct Debit Request. The Direct Debit system cannot be used with passbook savings accounts or accounts outside Australia.

## AUTHORISED BANK SIGNATORY/SIGNATORIES

Full Name

Position/Title	Signature	Date Signed (DD/MM/YYYY) □ □ / □ □ / □ □ □ □
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Full Name

Position/Title	Signature	Date Signed (DD/MM/YYYY) □ □ / □ □ / □ □ □ □
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## DECLARATION

1. By signing below, I request American Express to approve this application for Foreign Exchange Services.
2. I agree to be bound by American Express' Terms and Conditions for Foreign Exchange Transactions contained in our Product Disclosure Statements for all transactions carried out at our request.
3. I understand and agree that American Express is entitled to require receipt of cleared funds before finalising the transaction.
4. I authorise American Express to obtain credit reports at its discretion from credit reporting agencies on our Business, or where appropriate, conduct commercial reports on individuals if you have selected your Business is a Sole Proprietorship.
5. I authorise American Express to apply for a CICI on behalf of my company as part of the reporting requirements under the Dodd-Frank Wall Street Reform and Consumer Protection Act.
6. I understand it is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to knowingly provide false, incomplete or misleading information.
7. The individual signing below confirms that he/she is authorised to sign the document and that all information given above is correct.

### Information about other individuals

You agree that where you have provided American Express with personal information about another individual in this application form, you will make sure that the individual has seen, understood and agreed to:

- American Express receiving their personal information for the purposes for which American Express has collected the information;
- their ability to access that information in accordance with the Privacy Act (and advise American Express if they think the information is inaccurate, incomplete or out-of-date); and
- the contact details of the American Express Privacy Officer.

## SIGNATURE OF AUTHORISED OFFICER OF THE BUSINESS

By signing below, the authorised officer binds the above entity to the terms of the declaration in his/her capacity as (Please tick one):

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Director, if a Company  | <input type="checkbox"/> 5. Authorised Person or CEO, if a Government Entity                   |
| <input type="checkbox"/> 2. Partner, if a Partnership                                       | <input type="checkbox"/> 6. Chairperson, Secretary or Treasurer if an Association/Co-operative |
| <input type="checkbox"/> 3. Owner, if a Sole Trader   | <input type="checkbox"/> 7. Other (Please specify role e.g., Company Secretary):               |
| <input type="checkbox"/> 4. Individual Trustee or Director of Corporate Trustee, if a Trust |  |

Full Name of Authorised Officer	Date of Birth (DD/MM/YYYY) □□ / □□ / □□□□
Signature	Date Signed (DD/MM/YYYY) □□ / □□ / □□□□

## DIRECT DEBIT SERVICE AGREEMENT

1. This Agreement authorises American Express (User ID No. 031275) to withdraw money from your nominated account set out in the Direct Debit Request form.
2. Before you complete the Direct Debit Request form, you must check that your nominated account can accept direct debits (some passbook savings accounts and credit cards and accounts outside Australia cannot have direct debits). Contact your financial institution to find out if we can withdraw money from your account by direct debit.
3. When you complete the Direct Debit Request form, you must:
  - carefully check that the account details are correct by comparing them with a recent statement, cheque or deposit slip from your financial institution; and
  - make sure your request is signed in accordance with your authority to operate your nominated account. Every nominated account holder must sign the Direct Debit Request form. The nominated account must belong to you.
4. If we want to change this Agreement, we will notify you 14 calendar days in advance of any change. If you disagree with any change, please notify us within these 14 days.
5. Please notify American Express in writing if you want to:
  - change or cancel this Agreement; or
  - change your nominated account details (we will require you to sign a new Direct Debit Request); or
  - stop or defer an individual payment.
6. If you want to dispute a debit that has been made from your nominated account, you should contact us immediately and we will respond to you within 7 days. If we determine that your nominated account was incorrectly debited we will provide you with reasons for this finding. Either case, we will notify you of the result.
7. We will use our best endeavours to notify you in writing before debiting your nominated account. If the debit date is on a weekend or public holiday in Sydney, we will process your payment on the next business day.
8. You must make sure that sufficient cleared funds are available in your nominated account on the payment date. If there are insufficient funds and your financial institution dishonours the payment then:
  - any charges and tax on those charges incurred by our financial institution may be debited from your nominated account;
  - any charges and tax on those charges incurred by us may be debited from your account; and
  - the amount of the dishonoured debit will be debited to your account.You must advise us in writing if you close your nominated account.  
We also reserve the right to cancel the Direct Debit Request if any debit is returned unpaid by your financial institution.
9. We will keep your financial institution account details confidential. However, we will disclose these details:
  - if you consent; or
  - to the extent required by law, for example, if a court requires disclosure; or
  - for the purpose of this Agreement, for example, to settle a dispute.
10. You indemnify us against all losses, costs, damages and liability that we suffer as a result of you giving us incorrect or false information in your Direct Debit Request.  
Your indemnity:
  - extends and covers all changes you make to your Direct Debit Request; and
  - continues after this agreement is ended.

In this Agreement, "American Express", "we", "us" and "our" means American Express International, Inc. ABN 15 000 618 208.

## Client Service Centre

**Phone:** 1300 554 884 **Email:** [businessfx@aexp.com](mailto:businessfx@aexp.com) **Website:** [www.americanexpress.com/au/foreign-exchange/international-payments/](http://www.americanexpress.com/au/foreign-exchange/international-payments/)

Payments are arranged through American Express International, Inc. (ABN 15 000 618 208, AFSL No. 237996).  
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