

## Internet Banking – Related Account Access Application

**Bank of Queensland Limited**  
 ABN 32 009 656 740  
 Established 1874

**Electronic Banking Administration Centre**  
 Tel 61 7 1300 557 272  
 Fax 61 7 3212 3405  
 Website: boq.com.au

### SECTION A – ACCOUNT HOLDER

Name \_\_\_\_\_  
*(Mr/Mrs/Ms/Company/Business Name)*

Address \_\_\_\_\_ Phone (H) (    ) \_\_\_\_\_  
*(Customer Primary Address – cannot be PO box)* Phone (W) (    ) \_\_\_\_\_  
 \_\_\_\_\_ Phone (M) (    ) \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_ Fax (    ) \_\_\_\_\_

Postal Address \_\_\_\_\_  
*(if different from above)* \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

### SECTION B - AUTHORISED ACCOUNT DETAILS

Account Number	Account Title	If Payments File Upload applies do you want to delegate access to the Related Account User? <i>(Tick the applicable box)</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

### SECTION C – RELATED ACCOUNT USER

Customer Access Number 

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Name \_\_\_\_\_  
*(Mr/Mrs/Ms/Company/Business Name)*

Address \_\_\_\_\_ Phone (H) (    ) \_\_\_\_\_  
*(Customer Primary Address – cannot be PO box)* Phone (W) (    ) \_\_\_\_\_  
 \_\_\_\_\_ Phone (M) (    ) \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_ Fax (    ) \_\_\_\_\_

Postal Address \_\_\_\_\_  
*(if different from above)* \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

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In signing this application the Account holder acknowledges and agrees that:

1. The Account holder has received the Electronic Banking Terms and Conditions.
2. The person nominated in Section C is appointed as a Related Account User of the Authorised Account/s nominated in Section B in accordance with the Terms and Conditions.
3. The Authorised Account/s is/are to be added to the Internet Banking profile of the Related Account User.
4. The Related Account User has individual authority to operate on the Authorised Account/s in accordance with the Terms and Conditions.
5. The Related Account User may access and operate the Authorised Account/s as if that person was the owner of the Authorised Account/s, including the same access to information in respect of the Authorised Account/s that the Account holder would have if the Account holder were to access the Authorised Account by the same access method, and the Bank will facilitate the Related Account User's access to such information.
6. Any access restrictions or daily Pay Anyone limit that the Related Account User has applied or may apply for will apply to the Authorised Accounts.
7. The Account holder is liable for any use of, or transactions or debts incurred on, the Authorised Accounts by or with the authority of the Related Account User in accordance with the Terms and Conditions.
8. The Account holder is liable for any fees or charges incurred by the Related Account User accessing the Authorised Account.
9. This authority will remain in force until revoked by the Account holder in the manner set out by the Terms and Conditions or until the Related Account User ceases to satisfy the conditions described in the Terms and Conditions (in which case the Bank will process a cancellation of the Related Account Access for that Related Account User). It is the Account holder's responsibility to inform the Related Account User of the revocation or cancellation.

A term which has a defined meaning in the Terms and Conditions has the same meaning when used in this application.

**Account Holder signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If signing on behalf of a company:

Print name: \_\_\_\_\_

Print position: \_\_\_\_\_

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### ACKNOWLEDGMENT BY RELATED ACCOUNT USER

I acknowledge and accept the addition of the Authorised Accounts to my Internet Banking access and the use of my personal information by the Bank to effect such access:

**Related Account User signature:** \_\_\_\_\_ **Date:**        /        /

If signing on behalf of a company:

Print name: \_\_\_\_\_

Print position: \_\_\_\_\_

### WHAT HAPPENS NEXT

Once the form has been completed and signed by the Account Holder and the Related Account User, mail to:

REPLY PAID 471  
 Bank of Queensland Limited  
 Electronic Banking Administration Centre  
 GPO Box 898  
 BRISBANE QLD 4001

BANK USE ONLY	
Method of Operation & Signature Verified	<input type="checkbox"/>
Authorities checked <i>(insert N/A when not applicable)</i>	<input type="checkbox"/>
Input by	_____
Authorised by	_____