## Bank of Queensland Bonds Application Form



Bank of Queensland Limited ABN 32 009 656 740 AFSL No: 244616

Title	First Names	Surname	D.O.B.		
	ly/Trust				
трапу/теогрогатей вос	ıy/ 11ust		LISE ONLY		
BN			OFFICE USE ONLY  Allocation Reference Number		
DIV		Allocation Re	ererence Number		
. ADDRESS DETAI	ILS				
ldress					
		Postco	ode		
. DOCUMENTS RE	EQUIRED				
hen you buy Bank of Quee	ensland Bonds from us or at any time	e you hold Bank of Queensland Bonds, we wi	ill ask to see the following documen		
Type of bond holder Company	<ul> <li>Documents required</li> <li>Company search; and         For all signatories, the documents as per personal customer identification procedure.     </li> </ul>				
Body Corporate community titles scheme)	Registered Community Title Scheme; and     For all officers, the documents as per personal customer identification procedure.				
ncorporated Association	Rules or Constitution or Certificate of Incorporation; and For the chairman, secretary and treasurer the documents as per personal customer identification procedure.				
Partnership	Partnership Agreement;     Business Name search if applicable; and     For all the partners the documents as per personal customer identification procedure.				
irm	Business Name search; and     For all proprietors the documents as per personal/company customer identification procedure.				
rust	Trust Deed; and				
Club, Lodge or Society		For all the trustees the documents as per personal/company customer identification procedure.  • A copy of the constituent documents, eg by-laws, constitution, rules.			
state		certified copy of the Death Certificate and Will; and or all the executors or authorised persons the documents as per personal customer identification procedure.			
. CONTACT DETA	11 S				
		Fax ( ) E			
. INVESTMENT D			emaii		
		Interest Date (V. p. c	Interest Daymont Francisco		
Amount	Term	Interest Rate % p.a.	Interest Payment Frequency (Quarterly/Yearly)		
\$					
\$					
\$ DAYAFAE DETA	11.6				
. PAYMENT DETA					
redit all payments to my/	our financial institution account d	letailed below:			
ıll Account Name					
nancial Institution					
Branch Address			Postcode		
ccount Number			BSB Number		

TAX FILE NUMBER/EXEMPTION NOTIFICATION	
Note: It is not compulsory to notify your Tax File Number (TFN) or Exemption. However, your interest payments may be taxed at the higher marginal rate if it is not provided for this investment. For more information, please call the Australian Taxation Office.	ghest
COMPLETE AS REQUIRED	
Name 1	
Tax File Number/	
Reason for Exemption	
Name 2	
Tax File Number/	
Reason for Exemption	
Name 3	
Tax File Number/	
Reason for Exemption	
INTERIM ACKNOWLEDGEMENT	
Official acknowledgement of your investment will be sent to you following receipt and final acceptance of the application by Bar Queensland Limited Bond Registry.	nk of
Name of bondholder	
Amount invested \$	
Date	
Interest Rate % p.a.	
Term of investment	
BROKER/RECEIVING OFFICE STAMP	

7. AUTHORISED SIGNATORIES				
Insert the names and details of all persons whom you nominate	as your Authorised Signator	ries in the spaces provided below.		
Name	Position/Relationship			
Specimen Signature	Date			
Name	Position/Relationship			
Specimen Signature	Date			
Name	Position/Relationship			
Name	me Position/Relationship			
Specimen Signature	Date			
Method of Operation (please tick appropriate box):				
$\square$ either one to sign $\square$ at least two to sign	all to ope	erate		
By signing this form in the spaces provided above, each Authorised Signatory acknowledges that they have received, read and understood the terms and conditions of the Bank of Queensland Bonds Product Disclosure Statement and confirm that they agree to be bound by those terms and conditions.				
To the fullest extent permitted by law, by signing this form the Authorised Signatory agrees to indemnify and save the Bank harmless from and against any claim, loss, demand or damage sustained or incurred by the Bank directly or indirectly consequential on the Bank acting on instructions given by the Authorised Signatory which are outside the authority conferred on them by the holder of the Bank of Queensland Bonds.				
You confirm that each of these person(s) is/are authorised to act ous with instructions in writing in accordance with the terms and				
8. APPLICANT DECLARATION				
I/we have (please tick appropriate box):		OFFICE LIST ONLY		
enclosed my/our cheque for the full amount of this application		OFFICE USE ONLY		
paid the full amount of this application to the Bank by Electronic Funds Transfer		Lodgement Date		
1/We also acknowledge that the Bank reserves the right to refuse my/our application in		Maturity DateReferring Office		
which case my/our payment will be returned to me/us without negotiation.  1/We declare that the information provided in this document is true and correct and that 1/we are authorised to sign this document on behalf of the bondholder.		Broker Code		
		Checked by: Entered by:		
By signing this form, I/we acknowledge that I/we have received, read and understood the terms and conditions of the Bank of Queensland Bonds Product Disclosure Statement and confirm that the holder(s) and each of the holder(s)' Authorised Signatories agree to be bound by those terms and conditions. In particular, I/we and each of the holder(s)' Authorised Signatories consent to the Bank of Queensland Limited recording our telephone calls to them pursuant to the terms and conditions of the Bank of Queensland Bonds Product Disclosure Statement.				
Signature 1				
Signature 2				
Signature 3				
Note: where this form is being signed on behalf of a company, by either two directors or one director and one company sec company. If the company has only one director who is also the then that person may sign this form on the company's behalf.	retary on behalf of the			