

Delegated User Registration Form

Business Internet Banking Login Details

Business Customer No.

Business Details

Full Business Name

Business ABN No.

Authoriser Details (Proprietor/Director/Partner/Administrator)

Title Full Name

Customer No. Position Title

Delegated User Details

Title Full Name Date of Birth

Customer No. Position Title

Full Residential Address

Full Postal Address (if different from above)

Work Phone No. Mobile Phone No.

Email Address

Request and Authority to Act

I/We acknowledge that Goldfields Money will act on these appointment instructions unless written advice is given to Goldfields Money to cancel Administrator access to Business Internet Banking.

Authoriser Acknowledgement

Authoriser Name	Authoriser 2 Name
Signature:	Signature:
Date	Date
Delegated User Name Signature:	
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Return Instructions

Date

Once completed, please scan and return this form to info@goldfieldsmoney.com.au or post it to PO BOX 7030 Cloisters Square, Perth PO 6850.