

# Account Opening Form

Please complete this form to open a new TCorp account.



This form can only be completed on screen. Handwritten forms will not be accepted.

Once completed, print the form in A4 size. The completed form must be hand signed and dated by two Authorised Signatories.

Please scan and email the completed form together with your Organisation's Authorised Signatory List and Delegations of Authority to:

**clientservices@tcorp.nsw.gov.au**

For our Local Government applicants:  
**lgs@tcorp.nsw.gov.au**

## A. Name of Client Organisation

Please tick one of the following options:

I am a new client to TCorp       I am an existing client opening a new account

## B. Client Organisation's details

Address (place of business)

Postal address (if different from place of business)

State

Postcode

State

Postcode

Website

Please tick as appropriate and include number below

ACN    or     ABN

Tax File Number

Exempt from disclosing Tax File Number for the following reason:

Confirm your country of tax residence\*

\*Australia's Common Reporting Standard (CRS) tax rules require that TCorp obtain from each client a self-certification of their country of tax residency. For further information on the CRS rules please refer to the Australian Taxation Office website [www.ato.gov.au](http://www.ato.gov.au).

Please indicate the most appropriate entity status (select one or more of the following options):

We are an entity established under NSW legislation  
Please specify the name of the relevant NSW legislation:

We are NOT an entity established under NSW legislation  
We are a NSW Government Agency  
We are a TCorp approved Public Body (please contact the client relationship team if you are unsure)

**C. Senior management (for new clients only)**

Please provide the names of at least TWO individuals who are senior executives, e.g. Secretary, Deputy Secretary, Chief Executive Officer, Executive Director, General Manager or equivalent.

Senior management \*required field

Full name\*

Job title\*

Senior management

Full name

Job title

Senior management \*required field

Full name\*

Job title\*

Senior management

Full name

Job title

**D. Account details**

Please specify which type of product(s) you wish to apply for:

Type of product

(e.g. Term deposits, debt portfolio/lending facility, foreign exchange)

Name of account

(if different from your Organisation's name)

TCorpIM Funds (type of product)

(e.g. TCorpIM Short Term Income Fund)

Name of account

(if different from your Organisation's name)

**E. Contact person** \*required field

This is the PRIMARY CONTACT on the account and will be the person who receives notifications of changes to the account as well as reporting and other reminders.

Title

Mr Mrs Miss Ms Other \_\_\_\_\_

Full given name(s)

Surname

Email address\* (email address must be unique)

Job title

Work phone number

Mobile phone number\*

( )

**F. Bank account details**

Name of Australian financial institution

Westpac Commonwealth Bank ANZ National Australia Bank Other \_\_\_\_\_

Branch number BSB

Account number

Account name

**G. Declaration and authorisation**

I/We declare that:

- All details in this form are true and correct.
- Where applicable, I/we have read and understood the relevant terms and conditions for the type(s) of products applied for on this form, including the current edition of the TCorpIM Offer Document.

**IMPORTANT INFORMATION**

For the purpose of executing this form, TWO Authorised Signatories are required to sign.

Please provide evidence of the Authorised Signatory's authority via the Authorised Signatory List and Delegations of Authority. If these documents are unavailable, please contact your client relationship manager.

The bank account details that are collected within this form will be used as the default account for receipt of all cash flows paid by TCorp.

For the purposes of this form, **Authorised Signatory** means a person who is authorised to open or close accounts with New South Wales Treasury Corporation (**TCorp**), on behalf of the Client Organisation (**the Client**).

This form must be signed by two Authorised Signatories, unless otherwise agreed with TCorp in advance. Each individual whose signature is set out within this form will be considered to be duly authorised by the Client to open or close accounts with TCorp on behalf of the Client. No other employee or agent of the Client shall have any power or authority to bind the Client in transactions with TCorp by any contract or to pledge its credit or render it liable for any purpose or for any amount, unless duly authorised by the Client. The Client accepts full responsibility for any new account opening activities conducted by its Authorised Signatories and will ensure that the Authorised Signatories have read and understood all of the relevant terms and conditions of the relevant products or services. The Client agrees to indemnify TCorp against all loss, liabilities and costs incurred directly or indirectly in connection with any action by its Authorised Signatories under their appointment or any payment made from the account on their instructions. The Client also indemnifies TCorp against any and all claims that may arise by reason of TCorp acting on such written instructions and TCorp shall incur no liability for such claims. The Client acknowledges that foreign exchange services are subject to the terms of the TCorp Foreign Exchange Settlement Form, which can be accessed [here](#).

**Privacy Collection Statement:** TCorp is required to comply with the Information Privacy Principles (**IPPs**) in the *Privacy and Personal Information Protection Act 1998* (NSW) (**PPIP Act**). The IPPs regulate the collection, storage, use and disclosure of personal information held by government agencies. Any personal information you provide to us will be used and disclosed by TCorp only for the purposes for which it has been provided, or a directly related purpose, unless you consent to another use or disclosure, in emergencies or as otherwise required or authorised by law.

Under the PPIP Act, you have the right to access your personal information held by TCorp, without excessive delay or expense. You also have the right to have your personal information corrected in certain circumstances, for example if it is inaccurate. TCorp's Privacy Statement can be accessed [here](#).

Authorised Signatory \*required field

Title  
Mr Mrs Miss Ms Other \_\_\_\_\_

Full given name(s)

Surname

Job title

Email address\*

Work phone number

( )

Mobile phone number\*

Signature

Date (DD/MM/YYYY)

Authorised Signatory \*required field

Title  
Mr Mrs Miss Ms Other \_\_\_\_\_

Full given name(s)

Surname

Job title

Email address\*

Work phone number

( )

Mobile phone number\*

Signature

Date (DD/MM/YYYY)

**Please note:** By providing your email address, you agree that we may provide you with information, including statements, transaction confirmations and reporting and other communications relating to your account via email or other electronic form. From time to time, we may still need to send you communications in the post.

Please email the completed form, Authorised Signatory List and Delegations of Authority to: [clientservices@tcorp.nsw.gov.au](mailto:clientservices@tcorp.nsw.gov.au)

For our Local Government applicants please email the completed form, Authorised Signatory List and Delegations of Authority to: [lgs@tcorp.nsw.gov.au](mailto:lgs@tcorp.nsw.gov.au)

Contact details

Please contact your dedicated client relationship manager for more information

Telephone +61 2 9325 9267

Email [clientservices@tcorp.nsw.gov.au](mailto:clientservices@tcorp.nsw.gov.au)

For our Local Government applicants

Telephone +61 2 9325 9251

Email [lgs@tcorp.nsw.gov.au](mailto:lgs@tcorp.nsw.gov.au)

[www.tcorp.nsw.gov.au](http://www.tcorp.nsw.gov.au)