bank W A W ABN 48 087 615 787 AFSL 247298		INTERNET BANKING:  [TICK APPROPRIATE BOX]  INTERNET BANKING REGISTRATION  BUSINESS MVP REGISTRATION  CANCELLATION			
Client name		Client no.			
Address				Chern 110.	
	ome				
Please tick preferred number Wo	ork				
Mo	<u> </u>				
Email address					
Date of birth					
Occupation					
Account to be accessed				Account types	
Account to be accessed				Account types	
Account to be accessed				Account types	
Internet Banking access options		☐ Full transactional access		☐ Read only access S2 accounts must be read only	
□ I understand that an SMS-OTP is mandatory for access to register an NPP PayID, send Osko payments or foreign currency external transfers.  □ By signing this application for registration of Internet Banking, I agree to abide by BankWAW's terms and conditions of use as they appear on the website or as handed to me.  □ I understand that, by registering for eStatements, I will no longer receive printed copies and that I must keep BankWAW informed of my current email address.  Please present this form in person to the nearest Service Centre. If you cannot present in person, please mail the original of this form along with a certified* copy of Driver's Licence and Medicare Card to PO Box 568, Wodonga, Vic, 3689 and BankWAW will contact you with your password on the preferred phone number as noted on this form.					
Signature: Date:					
wish to have this registration cancelled, effective immediately.					
Signature: Date &					
PFFICE USE ONLY:					1
Signature & ID verified		Yes/No	Application processed Yes/No		
eStatement registration request loaded		Yes/No	SMS-OTP discussed		Yes/No
PayID/Osko payments discussed		Yes/No	Event Loaded for New User Access	Internet Banking	Yes/No
Signature & Op.			Checked By		

<sup>\*</sup> Your identification can be certified by a doctor, police officer, solicitor, accountant or a bank officer with 5 years continuous service.