



# Business Term Deposit Application

## PART A

To open an ING DIRECT Term Deposit for your business please: • use CAPITAL letters • mark boxes with an ✕ where applicable • use black pen. Please read the Business Term Deposit Terms & Conditions, available at [ingdirect.com.au](http://ingdirect.com.au) or by calling 133 464 and consider whether the product is appropriate for you before making any decision in relation to it. Please ensure you provide the appropriate supporting documentation to verify the business, linked bank account and each authorised user.



### Step 1 Business type

BTPDF

To apply for a Business Term Deposit, please tell us the type of business you operate. **Note:** we are unable to accept public companies, bare or informal trusts or unincorporated associations.

#### Sole Trader:

☐ PART A only

#### Partnership:

☐ PART A + B

#### Company:

☐ Pty Company - Sole Director  
PART A + C  
☐ Pty Company - Multiple Directors  
PART A + C

#### Trust (including DIY Super):

☐ Company as Trustee - Sole Director  
PART A + C + D  
☐ Company as Trustee - Multiple Directors  
PART A + C + D  
☐ Individual(s) as Trustee(s)  
PART A + D

#### Incorporated Association: (including Non-Profit)

☐ PART A only

If you have an existing ING DIRECT business account in the same entity name, you only need to complete **Part A**. For new ING DIRECT business customers, you need to complete **Part A and the relevant Part(s)** as outlined above.

### Step 2 Business details

Please enter your business details as requested below. If you are a new client to ING DIRECT, we also need to verify your business. Refer to Appendix A for the types of documents you can provide and how to certify copies of documents (you must supply these documents with your application).

**Helpful hint:** The name of the Business Term Deposit will be in the same name as the sole trader/partnership/company/trust/association, including the trading name/name of trust (if applicable). If a company, please use full company name as registered by ASIC.

Name of sole trader/partnership/company/trustee/association (if sole trader or individual trustee: first name, surname)

Trading name or name of trust (if applicable)

#### Registered business address (PO Box not accepted)

Unit number

Street number

Street name

Suburb

State

Postcode

#### Business mailing address (if same as above, please mark this box with an ✕ ☐)

Unit number

Street number

Street name (or PO Box)

Suburb

State

Postcode

#### Business phone number (for landline, please provide area code)

#### Business identifier

Please complete the relevant business identifier that is applicable to your business.

ABN (Australian Business Number)

ACN (Australian Company Number)

Registration Number

Registration number issued by (e.g. ASIC, NSW Dept Fair Trading)

**Sole Trader:** ABN is mandatory  
**Partnership:** ABN is mandatory  
**Company:** ACN is mandatory  
**Company as Trustee:** ACN of the Trustee is mandatory, ABN of the Trust is optional  
**Individual(s) as Trustee(s):** ABN of the Trust is optional  
**Association:** Registration Number is mandatory

#### Tax section (optional) Please complete 1 of the following

(providing this information is not compulsory, however, if not supplied, we may deduct tax from interest earned at the highest marginal tax rate plus the Medicare levy).

Tax File Number (TFN)

OR

ABN

(if same as quoted above, please mark this box with an ✕)

OR

Exemption:

Income tax return not required

## Industry type (optional)

Select an industry, if applicable.

<input type="checkbox"/> Agriculture, Forestry and Fishing	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Sanitary Services
<input type="checkbox"/> Communications	<input type="checkbox"/> Mining	<input type="checkbox"/> Transportation
<input type="checkbox"/> Construction	<input type="checkbox"/> Public Administration	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Electric and Gas	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Other
<input type="checkbox"/> Finance and Insurance	<input type="checkbox"/> Retail Trade	

## Step 3 Your Business Term Deposit details

### Your new Term Deposit

Please select the term of your Business Term Deposit by marking the box with an **X**:

<input type="checkbox"/> 30 days	<input type="checkbox"/> 90 days	<input type="checkbox"/> 180 days	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years
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### Naming your Business Term Deposit (optional)

You can give your Business Term Deposit a name. Please mark one (**X**) or write your own name:

<input type="checkbox"/> Wages	<input type="checkbox"/> Staff super	<input type="checkbox"/> GST	<input type="checkbox"/> Savings	<input type="checkbox"/> Investment
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Other

### On maturity

Please specify what you would like to do with the funds in your Business Term Deposit at maturity. **Any new Business Term Deposit will be subject to the ING DIRECT interest rate and terms and conditions current at the time of opening.** Please select one option only (by marking the box with an **X**).

<input type="checkbox"/>	<b>Open a new Business Term Deposit of the same term</b>			
<input type="checkbox"/>	<b>Open a new Business Term Deposit of a different term</b> (please select one term only)			
<input type="checkbox"/> 30 days	<input type="checkbox"/> 90 days	<input type="checkbox"/> 180 days	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years
<input type="checkbox"/>	<b>Close my Business Term Deposit and have the funds paid to the linked bank account, nominated in Step 5.</b>			

## Step 4 Your opening deposit

Please select how you wish to make your opening deposit. If linking to a Business Optimiser, please nominate **(i)** electronic transfer only.

If linking to an external bank account, you can nominate either: **(i)** electronic transfer, **(ii)** business cheque or **(iii)** bank cheque.

**Note:** The ING DIRECT Business Term Deposit requires a minimum opening balance of \$10,000. The combined total balance held in all Business Term Deposits in the same account holder's name should not exceed \$10 million.

#### **(i) By electronic transfer** – Transfer the deposit from the linked bank account, nominated in Step 5.

Your opening deposit will be requested from your linked bank account on the day your Business Term Deposit is opened (provided we are able to verify your bank account - refer Appendix A for external bank accounts). If the transfer is from an external bank account, the Direct Debit Request in Step 5 must also be signed.

\$

OR

OR

#### **(ii) By business cheque** – The cheque must be drawn on the external bank account nominated in Step 5.

Your business cheque must be made payable to the **full business name or to ING DIRECT**.

\$

OR

OR

#### **(iii) By bank cheque** – The cheque must be made payable to the **full business name or to ING DIRECT**.

You must also verify your external bank account - refer Appendix A.

\$

## Step 5 Linked bank account details

You must link a Business Optimiser OR an external Australian business bank account (must be in the same name(s) as the business in **Step 2**) to your new Business Term Deposit. Please select one option only.

### A. Business Optimiser

Please nominate your Business Optimiser Account Number

#### Debit Authority

By nominating a Business Optimiser as the linked bank account, I/we authorise and request ING DIRECT, a division of ING Bank (Australia) Limited ABN 24 000 893 292 to transfer money from the Business Optimiser nominated above to my/our Business Term Deposit account as instructed by me/us or any other amounts as instructed or authorised to debit in accordance with the Business Term Deposit Terms and Conditions. I/we understand that the arrangement is governed by the Business Term Deposit Terms and Conditions and the Business Optimiser Terms and Conditions.

If your linked account is a Business Optimiser then the authorised users on the new Business Term Deposit must be the same as the authorised users on the linked Business Optimiser. You do not need to provide the details of these authorised users as they will already be on our records.



Go to Step 7

OR

### B. External Bank Account

If you wish ING DIRECT to draw money from an external account for your opening deposit or transfer money between an external account and the ING DIRECT Business Term Deposit, the Direct Debit Request below must be signed by the authorised signatories of the external bank account. We also need to verify your external bank account. Refer to Appendix A for the types of documents you can provide.

**Note:** No ING DIRECT bank fees are payable but third party fees may be payable.

Name of bank

Suburb of bank

BSB number (mandatory)

Account number (mandatory)

Name of bank account you wish to link to the Business Term Deposit (must be in the same name(s) as the business in Step 2)

#### Direct Debit Request

If you wish to draw money from your external bank account, this section must be signed. Direct debiting is not available on some accounts (if in doubt, please contact your financial institution).

I/We request and authorise ING DIRECT, a division of ING Bank (Australia) Limited ABN 24 000 893 292 (user I.D. 123079) to draw money from the external bank account nominated above, through the Bulk Electronic Clearing System, as instructed by any authorised user of the Business Term Deposit or any other amount as instructed or authorised to debit in accordance with the Business Term Deposit Terms and Conditions. I/We understand and acknowledge that this Direct Debit arrangement is governed by the Direct Debit Request Service Agreement and Business Term Deposit Terms and Conditions.

To authorise the drawing of money from the external bank account to the Business Term Deposit, the following authorised signatories of the external bank account are required to sign below:

- **Sole trader or sole director company:** only one authorised signatory.
- **Partnership, company or association:** a minimum of two authorised signatories.
- **Trust:** all authorised signatories/trustees.

#### External bank account signatory 1

First name

Middle initial

Surname / Family name

Signature

Date (DD/MM/YY)

#### External bank account signatory 2

First name

Middle initial

Surname / Family name

Signature

Date (DD/MM/YY)

☐ If more than two signatures are required for this authority, please mark this box and attach a schedule of signatures (a separate sheet of paper listing additional names and signatures).

## Step 6 Authorised users

Authorised users are the people who are nominated to operate your Business Term Deposit.

If you are linking to your Business Optimiser, you must use the same authorised users that we have on record. You do not need to complete this section.

Go to Step 7

If you are linking to an external bank account, please provide the details of all the people you wish to nominate as authorised users.

A maximum of four persons can be nominated as authorised users to operate the Business Term Deposit. Two authorised users can complete their details below. If you have more than two authorised users, please refer to Appendix C.

For new authorised users (i.e. do not currently have an ING DIRECT Client Number), we also need to verify their identity. Refer to Appendix A for the types of documents you can provide and how to certify copies of documents.

### Who must be an authorised user?

**Sole Trader:** The owner must be an authorised user.

**Partnerships:** A minimum of two partners must be authorised users.

**Companies:** A minimum of two directors (except in the case of sole directorships) must be authorised users OR a director and company secretary.

**Company as Trustee:** A minimum of two directors (except in the case of sole directorships) must be authorised users OR a director and company secretary.

**Individual(s) as Trustee(s):** All trustees must be authorised users. No other authorised users are permitted.

**Association:** A minimum of two office bearers (e.g. treasurer or company secretary) must be authorised users.

**Helpful hint:** Employees may be authorised users, except in the case of body corporate and trusts (where only trustees can be authorised users).

### Authorised user 1

ING DIRECT Client Number  
(if existing client)

Mr ☐ Mrs ☐ Ms ☐ Other ☐

First name Middle initial

Surname / Family name

**Position** (must be completed)

Director ☐ Company / Club Secretary ☐ Partner ☐ Treasurer ☐  
Employee ☐ Chairperson / President ☐ Owner ☐ Trustee ☐

**Personal residential address** (must be completed. PO Box not accepted)

Unit number Street number

Street name

Suburb

State Postcode

**Personal mailing address** (if same as above, please mark this box with an ☒)

Unit number Street number

Street name (or PO Box)

Suburb

State Postcode

### Authorised user 2

ING DIRECT Client Number  
(if existing client)

Mr ☐ Mrs ☐ Ms ☐ Other ☐

First name Middle initial

Surname / Family name

**Position** (must be completed)

Director ☐ Company / Club Secretary ☐ Partner ☐ Treasurer ☐  
Employee ☐ Chairperson / President ☐ Owner ☐ Trustee ☐

**Personal residential address** (must be completed. PO Box not accepted)

Unit number Street number

Street name

Suburb

State Postcode

**Personal mailing address** (if same as above, please mark this box with an ☒)

Unit number Street number

Street name (or PO Box)

Suburb

State Postcode

Authorised user 1

Contact details (you must provide at least one phone number)

Mobile phone number

Other phone number (for landline, please provide area code)

Email

Driver's Licence (if applicable)

Mandatory security details

Date of birth (DD/MM/YYYY)

/

/

Mother's maiden name (mother's original surname / family name)

I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the Business Term Deposit Terms and Conditions.

Signature

Date (DD/MM/YY)

/

/

Authorised user 2

Contact details (you must provide at least one phone number)

Mobile phone number

Other phone number (for landline, please provide area code)

Email

Driver's Licence (if applicable)

Mandatory security details

Date of birth (DD/MM/YYYY)

/

/

Mother's maiden name (mother's original surname / family name)

I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the Business Term Deposit Terms and Conditions.

Signature

Date (DD/MM/YY)

/

/

Step 7 Primary Account Contact (optional)

You can nominate one of your authorised users as the primary contact for the day-to-day running of the Business Term Deposit account. All correspondence will be marked to the attention of this person (and sent to the business mailing address only). If you don't nominate an authorised user all written correspondence will be marked to the attention of the Financial Controller.

First name

Surname / Family name

## Step 8 Declarations and application approval - by signing below

- I/We declare that all information provided in this Application Form and any supplements is true and correct
- I/We have received, read and agree to comply with the Business Term Deposit Terms and Conditions
- I/We agree to ensure that all authorised users also comply with the terms and conditions of the Business Term Deposit Terms and Conditions
- I/We acknowledge that:
  - In the case of sole director company – I am the sole director and sole secretary and have full power and authority to open and operate the Business Term Deposit
  - In the case of partnerships/association – I/We have full power and authority to bind the partnership/association and each of the partners/ members in accordance with its constituent documents or rules and I/we undertake to advise ING DIRECT if the partnership/association is dissolved or terminated, or the members of the partnership change
  - In the case of trusts – I am/We are the only trustee(s) of the trust and I/we have full trust power and authority to open and operate the Business Term Deposit
  - Each person nominated as an authorised user in Step 6 and Appendix C (where applicable) (or those existing authorised users on the linked Business Optimiser) has full power and authority to operate the Business Term Deposit
  - Each person nominated as an authorised user in Step 6 and Appendix C (where applicable) (or those existing authorised users on the linked

Business Optimiser) understands that personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the Business Term Deposit Terms and Conditions.

- ING DIRECT reserves the right to request evidence of authority to approve this Application and/or evidence that the business named as the account holder exists, is validly constituted and is capable of being bound by the Business Term Deposit Terms and Conditions.

### Who can approve and sign this Application?

**Sole Trader:** Owner of the business.

**Partnerships:** Minimum of two partners, one must be the managing partner (or general partner in the case of a limited partnership) and they don't have to be the authorised users.

**Company:** Two directors OR a director and company secretary (don't have to be authorised users). For a sole director company must be a sole director/ secretary.

**Company as Trustee:** Two directors OR a director and company secretary (don't have to be authorised users). For a sole director company must be a sole director/secretary.

**Individual(s) as Trustee(s):** All trustees (those approving the Application must also be authorised users).

**Association:** Minimum of three office bearers e.g. treasurer/chairman/ secretary (or equivalent officer) to sign in accordance with rules governing the association (a minimum of two of those approving the Application must also be authorised users).

**Helpful hint:** When filling in your position below, please choose from the following options – Chairperson, Company or Club Secretary, Director, Employee, Owner, Partner, President, Treasurer, Trustee.

#### Business signatory 1

First name	Middle initial
<input type="text"/>	<input type="text"/>
Surname / Family name	
<input type="text"/>	
Signature	Date (DD/MM/YY)
<input type="text"/>	<input type="text"/>
Position	
<input type="text"/>	

#### Business signatory 2

First name	Middle initial
<input type="text"/>	<input type="text"/>
Surname / Family name	
<input type="text"/>	
Signature	Date (DD/MM/YY)
<input type="text"/>	<input type="text"/>
Position	
<input type="text"/>	

#### Business signatory 3

First name	Middle initial
<input type="text"/>	<input type="text"/>
Surname / Family name	
<input type="text"/>	
Signature	Date (DD/MM/YY)
<input type="text"/>	<input type="text"/>
Position	
<input type="text"/>	

#### Business signatory 4

First name	Middle initial
<input type="text"/>	<input type="text"/>
Surname / Family name	
<input type="text"/>	
Signature	Date (DD/MM/YY)
<input type="text"/>	<input type="text"/>
Position	
<input type="text"/>	

**IMPORTANT: Please complete the relevant additional Part(s) as outlined in Step 1 as required. If linking to a Business Optimiser you are not required to complete Appendices A, B and C (over page).**

**Adviser use only** - Company name

Adviser name

Adviser number




Adviser - Please provide a copy of the records identifying your client's business, authorised users and the external bank account (if applicable). Go to Appendix B.

## Step 9 What to do when you have completed this form

When you have completed and signed the application form, please send it with your supporting documents to us at:

ING DIRECT  
Reply Paid 3858  
Sydney NSW 2001 (no stamp required)

### Appendix A Supporting documents

(this section does not apply to Financial Advisers)

**Note: If your linked bank account is a Business Optimiser, you are not required to complete this section.**

As part of the application process, the linked bank account, business and personal identities of the authorised users must be verified. You must select supporting documentation from the lists below and provide original or certified copies as directed.

#### (i) Supporting documents (please note that documents will not be returned)

<b>Linked bank account:</b> If your linked bank account is an external bank account you need to provide <b>one</b> of the following: <ul style="list-style-type: none"><li>■ A business cheque drawn on the external bank account; or</li><li>■ An <b>original</b> encoded deposit slip for the external bank account; or</li><li>■ An <b>original</b> or <b>certified copy</b> of a bank statement (less than 6 months old) for the external bank account</li></ul> The supporting document must show the business name, BSB and account number of the external bank account. If providing an original or certified bank statement, the address must also be shown.	<b>Business:</b> If you have an existing ING DIRECT business account in the same entity name, we already have your business verified (go to authorised users). If you are opening an account for the first time in the business name, you must provide a certified copy of <b>one</b> of the following: <ul style="list-style-type: none"><li>■ Certificate of Registration; or</li><li>■ Tax File Number (TFN) advice; or</li></ul> (if you choose to provide one of the following documents, it must be issued within the last 2 years) <ul style="list-style-type: none"><li>■ Australian Tax Office Tax Assessment Notice; or</li><li>■ Australian Tax Office Notice of Refund; or</li><li>■ Business Activity Statement; or</li><li>■ Instalment Activity Statement; or</li><li>■ Annual or quarterly PAYG Instalment Notice</li></ul>	<b>Authorised users:</b> An authorised user does not need to provide an identification document if they are an <b>existing ING DIRECT</b> customer. All authorised users who are <b>new ING DIRECT customers</b> (ie. do not currently have an ING DIRECT Client Number) must provide a certified copy of <b>one</b> of the following identification documents: <ul style="list-style-type: none"><li>■ Australian Driver's Licence (must be current, shows current residential address and photograph); or</li><li>■ Birth Certificate or Birth Extract (issued by a State or Territory in Australia); or</li><li>■ Proof of Age Card (must be current, shows current residential address and photograph); or</li><li>■ Pension Card (must be current and issued by Centrelink entitling financial benefits); or</li><li>■ Australian Tax Office Tax Assessment Notice (issued in the last 12 months and shows current residential address); or</li><li>■ Australian Passport (either a current passport or a passport that expired within the last 2 years); or</li><li>■ International Passport (must be issued by a foreign Government, the UN or related agency and must be accompanied by an official Government translation if not in English)</li></ul> THE IDENTIFICATION DOCUMENT PROVIDED MUST DISPLAY YOUR FULL NAME.
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#### (ii) How to certify a document

<b>Select a Certifier</b> Take the original and copy of your identification document to a document certifier from the list below. <ul style="list-style-type: none"><li>■ A Justice of the Peace</li><li>■ A Bank Officer with 2 or more years continuous service</li><li>■ An Accountant who is a member of the Australian Institute of Chartered Accountants, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership</li><li>■ A Solicitor or Barrister</li><li>■ A Police Officer</li><li>■ An agent in charge of, or a permanent employee (with 2 or more years of continuous service) of an Australia Post outlet</li></ul> Note: This is not the complete list of ING DIRECT acceptable document certifiers. The complete list is available on <a href="http://ingdirect.com.au">ingdirect.com.au</a> in the FAQ section. An acceptable document certifier is not able to certify their own documents or documents on behalf of their immediate family.	<b>Document Certifier to complete</b> To certify the copy of the identification document to be a true copy of the original document, on the copied document complete the following: <ol style="list-style-type: none"><li>1. Write these words: "I hereby certify this document is a true copy of the original document shown to me on [date]"</li><li>2. Sign the copy document</li><li>3. Provide Name and Certifier Classification. For example; John Smith, Accountant</li><li>4. Provide a work or residential address</li><li>5. Provide a contact number (this may be your work or residential landline or mobile number).</li></ol> If ING DIRECT has any questions regarding this verification, we may contact the document certifier about these details.
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### Appendix B

(this section applies to Financial Advisers)

**Note: If the linked bank account is a Business Optimiser you are not required to complete this section.**

Otherwise you need to provide a copy of the following (if not previously supplied to ING DIRECT):

- A copy of the record from which the business was verified (eg. a copy of the ASIC web search for a company)  
**AND**
- A copy of the record from which each authorised user's identity was verified  
**AND**
- A copy of the document used to verify the external bank account.

## Appendix C Additional authorised users (complete if you have more than two authorised users)

For new authorised users, we need to obtain their details and verify their identity. Refer to Appendix A for the types of documents you can provide and how to certify copies of documents.

### Authorised user 3

ING DIRECT Client Number  
(if existing client)

Mr ☐ Mrs ☐ Ms ☐ Other ☐

First name Middle initial

Surname / Family name

**Position** (must be completed)

Director ☐ Company / Club Secretary ☐ Partner ☐ Treasurer ☐

Employee ☐ Chairperson / President ☐ Owner ☐ Trustee ☐

**Personal residential address** (must be completed, PO Box not accepted)

Unit number

Street number

Street name

Suburb

State

Postcode

**Personal mailing address** (if same as above, please mark this box with an ☒)

Unit number

Street number

Street name (or PO Box)

Suburb

State

Postcode

**Contact details** (you must provide at least one phone number)

Mobile phone number

Other phone number (for landline, please provide area code)

Email (optional)

Driver's Licence (if applicable)

### Mandatory security details

Date of birth (DD/MM/YYYY)

Mother's maiden name (mother's original surname / family name)

I/We agree that my/our personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the Business Term Deposit Terms and Conditions.

Date (DD/MM/YY)

### Authorised user 4

ING DIRECT Client Number  
(if existing client)

Mr ☐ Mrs ☐ Ms ☐ Other ☐

First name Middle initial

Surname / Family name

**Position** (must be completed)

Director ☐ Company / Club Secretary ☐ Partner ☐ Treasurer ☐

Employee ☐ Chairperson / President ☐ Owner ☐ Trustee ☐

**Personal residential address** (must be completed, PO Box not accepted)

Unit number

Street number

Street name

Suburb

State

Postcode

**Personal mailing address** (if same as above, please mark this box with an ☒)

Unit number

Street number

Street name (or PO Box)

Suburb

State

Postcode

**Contact details** (you must provide at least one phone number)

Mobile phone number

Other phone number (for landline, please provide area code)

Email (optional)

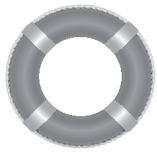
Driver's Licence (if applicable)

### Mandatory security details

Date of birth (DD/MM/YYYY)

Mother's maiden name (mother's original surname / family name)





# Business Account Application

## PART B - Partnerships

This form is to be completed in conjunction with the relevant Business Optimiser and / or Business Term Deposit Application – Part A. When completing the form use CAPITAL letters and black pen. **You don't need to complete Part B if: (i)** there are no partners in addition to those listed as authorised users in Part A and the partnership was established in Australia; or **(ii)** if you have an existing ING DIRECT business account in the same entity name. **For new ING DIRECT business customers, please complete your details below.**



### Step 1 Business details

Name of partnership

Country in which the partnership was established, if not in Australia

### Step 2 Additional Partner details

Please provide full name and residential address of all partners who are not nominated as authorised users. Any persons not nominated as an authorised user will not be granted access to the business account.

#### Additional Partner 1

ING DIRECT Client Number  
(if existing client)

First name

Middle initial

Surname / Family name

#### Residential address

Unit number

Street number

Street name

Suburb

State

Postcode

#### Additional Partner 2

ING DIRECT Client Number  
(if existing client)

First name

Middle initial

Surname / Family name

#### Residential address

Unit number

Street number

Street name

Suburb

State

Postcode

#### Additional Partner 3

ING DIRECT Client Number  
(if existing client)

First name

Middle initial

Surname / Family name

#### Residential address

Unit number

Street number

Street name

Suburb

State

Postcode

#### Additional Partner 4

ING DIRECT Client Number  
(if existing client)

First name

Middle initial

Surname / Family name

#### Residential address

Unit number

Street number

Street name

Suburb

State

Postcode

Additional Partner 5

ING DIRECT Client Number  
(if existing client)

First name

Middle initial

Surname / Family name

Residential address

Unit number

Street number

Street name

Suburb

State

Postcode

Additional Partner 6

ING DIRECT Client Number  
(if existing client)

First name

Middle initial

Surname / Family name

Residential address

Unit number

Street number

Street name

Suburb

State

Postcode

Additional Partner 7

ING DIRECT Client Number  
(if existing client)

First name

Middle initial

Surname / Family name

Residential address

Unit number

Street number

Street name

Suburb

State

Postcode

Additional Partner 8

ING DIRECT Client Number  
(if existing client)

First name

Middle initial

Surname / Family name

Residential address

Unit number

Street number

Street name

Suburb

State

Postcode

Additional Partner 9

ING DIRECT Client Number  
(if existing client)

First name

Middle initial

Surname / Family name

Residential address

Unit number

Street number

Street name

Suburb

State

Postcode

Additional Partner 10

ING DIRECT Client Number  
(if existing client)

First name

Middle initial

Surname / Family name

Residential address

Unit number

Street number

Street name

Suburb

State

Postcode