

New Accountant Registration Form for NAB accounts and deposits (via Intermediaries)

Completed form needs to be returned to your NAB representative.

Section A Business Details					
Name of Business					
ndustry body membership (e.g. CPA, IPA CA of Aust & NZ etc)					
Business Address					
		State	Postcode		
Postal Address (if different from above)					
		State	Postcode		
s the business organised or incorporated in the US? \Box No \Box	Yes				
s the business a financial institution? \square No \square Yes					
s the business a resident of any country other than Australia for	r tax purposes? 🗌 I	No 🗌 Yes			
f yes to any of the above questions, please complete the Overs on <u>nab.com.au/overseastax</u> . Your application will not be accept			ion Form available		
n the preceding calendar year, did the business: n) earn 50% or more of its gross income from investment source	os 1. AND				
b) hold 50% or more of its assets ² to produce investment incom					
Investment sources include dividends, rental income, interest, Investment assets include shares, property and bonds		ties and annuities			
investment assets include shares, property and bonds					
Accountant Details (This person will be your Security Officer+ User on Full Name	NAB Connect if you ch	loose to apply for NAB Conne	ct)		
dit Hume					
Date of Birth NAB customer number (if existing custor	mer)	NAB Identification Number (NIN) if existing customer		
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1 1	mer)	NAB Identification Number (NIN) if existing customer		
1 1	mer)	NAB Identification Number (NIN) if existing customer		
1 1	mer)	NAB Identification Number (NIN) if existing customer Postcode		
lesidential Address		State			
desidential Address		State	Postcode		
Residential Address Email Address		State	Postcode		
Residential Address Email Address	Title or role w	State	Postcode		
Residential Address Email Address Mobile	Title or role w	State ithin the business (e.g. partne	Postcode er, accountant, office manager)		
Residential Address Email Address Mobile Are you a resident of any country other than Australia for tax pu	Title or role w Telephone Lurposes (note: US ta	State ithin the business (e.g. partne	Postcode er, accountant, office manager) zens)? No Yes		
Residential Address Smail Address Mobile Are you a resident of any country other than Australia for tax purifyes, the relevant applicants must complete the Overseas Tax	Title or role w Telephone urposes (note: US ta	State ithin the business (e.g. partners) x residents include US citions include US citions are set to the set of the set	Postcode er, accountant, office manager) zens)? No Yes		
Residential Address Email Address Mobile Are you a resident of any country other than Australia for tax purifyes, the relevant applicants must complete the Overseas Tax on nab.com.au/overseastax. The on boarding process will not be	Title or role w Telephone urposes (note: US ta	State ithin the business (e.g. partners) x residents include US citions include US citions are set to the set of the set	Postcode er, accountant, office manager) zens)?		
Residential Address Email Address Mobile Are you a resident of any country other than Australia for tax purifyes, the relevant applicants must complete the Overseas Tax on nab.com.au/overseastax. The on boarding process will not be accountant Signature	Title or role w Telephone urposes (note: US ta	State ithin the business (e.g. partners) x residents include US citions include US citions are set to the set of the set	Postcode er, accountant, office manager) zens)? No Yes		
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Residential Address Email Address Mobile Are you a resident of any country other than Australia for tax put of the second applicants must complete the Overseas Tax on nab.com.au/overseastax. The on boarding process will not be accountant Signature	Title or role w Telephone urposes (note: US ta	State ithin the business (e.g. partners) x residents include US citions include US citions are set to the set of the set	Postcode er, accountant, office manager) zens)? No Yes		

AFSL Details (if applica	ble)			
Australian Financial Servic	es License (AFSL) Authorised	Representative of		ABN
		·		
AFSL Number				
AFSL holder Business Add	ess			
			State	Postcode
AFSL Email Address				
Section B Acknow	rledgements			
I have attached the fol	lowing documents:			
100 point ID original of	ertified copy (if not an existing	ng NAB customer)		
Authorised Representa	ative Certificate (if applicable))		
Note: Before you can s	tart referring NAB accoun	its and deposits (via Inte	ermediaries) to your clients, yo	ou will need to ensure you or your AFSL
	eement in place with us. Y			on 1800 277 611 for further information
Section C NAB Co	nnect			
				allowing access to your clients' NAB
transaction authority if	nsaction information. You required. To find out mo	ir clients (the account h re about NAB Connect v	iolder) can authorise you and y visit https://www.nab.com.au/l	our users to have view only &/or pusiness/online-banking/nab-connect
	Investment Services team			3,
Do you wish to apply f	or NAB Connect? Yes	☐ No (go to section □))	
•			d in connection with NAB Connect.	
2,7	,	ŕ	/if you decide to add additional use	ers to your NAB Connect profile:
	- requires more than one pe		authorise that same payment.	
			.s. n Your NAB Connect service and wil	I have the nower to:
· ·	te or suspend the access prof			in have the power to.
Modify preferred ac			g •3• ,	
	passwords and request Mobil	le Tokens;		
Assign Account acce	ss to Users*			
Assign Services to fi	rst-party Accounts*;			
Set Responsibility for	r Managing and Approving E	Breaches of Payment Limit	s (Authorising Users)*;	
Access User activity	audit reports;			
Access enhanced Us	er Permission Report;			
Reset Security Device	e PINS†, enable Segregation	of Duties+ and decrease Y	our Transaction Signing Threshold	+;
	e. Where enabled, this means that			
	ver the phone via contacting the s		pleting online stomer Service Centre on 1300 888	412
Security Device	e security reatures, please co	intact our NAB connect cus	stomer service centre on 1300 666	413
-	annitu Danies to locio and a	uthaniaa maumaanta 187alal	van lika ta aasian a naman an awistin.	Society Device to the Society Officers
User (nominated in Section		uthorise payments, would	you like to assign a new or existing	g Security Device to the Security Officer+
Existing Device	Please enter existing device	e serial number		
or				
Ŭ.				
New Device	Type of Security Device:	Physical Token or	Mobile Token - Please provid	e Mobile Number
			(Note: Mobile Tokens can only	ly be provisioned on IOS (versions 7+)
			and Android (versions 4.04+)	

Receiving communications from NAB electronically

NAB Connect is an online only channel and you agree that NAB will send you important information (including changes to disclosure documents and terms and conditions for a Service) from NAB Connect or, at our election, by email instead of being sent it in paper form (e.g. mail or fax). When important information is available to be viewed, you will receive a notice upon logging in to NAB Connect.

You should check NAB Connect Secure Messages regularly for changes and updates about NAB Connect. Failure to do so may mean important information about NAB Connect is missed.

Email address for electronic notices

Section D Submission of Client investment account application forms

Please ensure a signed and completed application form for the relevant NAB account or deposit (via Intermediaries) is scanned and emailed to NAB. Where the investment application form is delivered to NAB in electronic format, NAB is authorised to establish the investment account in the Client's name according to the details provided in the completed application form. NAB is entitled to rely on the application form delivered electronically which is sent by you or which purports to have been sent by you. NAB is not responsible for any loss, damage or liability suffered by you or your Client in connection with NAB acting on any emailed application which is submitted by you, or any error contained in the investment account application form, any delays in transmission or non-receipt by NAB of the electronic application form.

Applicant Declaration and Execution

Note: If You are a company, this Registration Form must be signed by either two directors or a director and secretary unless you are a single director and shareholder company in which case it must be signed by that single director.

If you are a partnership or association, this Registration Form must be signed in accordance with your partnership deed or association constitution.

You authorise the Accountant in Section A to manage your NAB Connect Profile and to authorise other NAB Connect User/s as set out in Section C.

Each person who is signing this form below agrees that:

- A. They have been provided with:
 - The NAB Connect Terms and Conditions (http://www.nab.com.au/business/forms-and-documents/nab-connect-terms-conditions);
 and
 - The Fees and Charges Schedule (the Schedule) (http://www.nab.com.au/business/interest-rates-fees-and-charges) and has had
 the opportunity to view, save and/or print these. By signing the form below and using NAB Connect for the first time through any
 authorised person you provide your agreement to both the Terms and the Fees and Charges Schedule. Please keep a copy of these
 important documents for future reference.
 - You acknowledge that any use of the NAB Connect Channel and the Services to access or attempt to access accounts is also subject to the terms and conditions which apply to those accounts.
- B. NAB will not charge for "view only" access to your clients NAB accounts and deposits (via Intermediaries) but if you decide to make further use of the NAB Connect functionality, you may incur fees. See the Schedule for details.
- C. Where Personal Information (as defined in the Privacy Act 1988 (Cth)) about your Security Officer+ User (nominated in Section A) has been provided in this Registration Form or information about an individual (such as a User or contact person or nominated authority) will be provided as a result of the ongoing use of NAB Connect, you will or will ensure that your Security Officer+ User (nominated in Section A) will make each such individual aware:
 - that their Personal Information has been collected by NAB for the purpose of providing NAB Connect to the Accountant, to manage and administer NAB Connect, and to protect against fraud;
 - that their Personal Information may be disclosed to other organisations involved in the provision, management or administration of NAB Connect, or as required by law, or with their consent;
 - that the individual's information might be shared with overseas organisations and the individual may visit www.nab.com.au/privacy/overseas-countries-list to find out more about countries where their information might be sent;
 - that the Accountant may not be able to use NAB Connect, if that individual's Personal Information is not provided;
 - that NAB will handle the individual's personal information in the way set out in NAB's Privacy Notification
 (http://www.nab.com.au/privacynotification) and Privacy Policy (http://www.nab.com.au/privacy) and that they can request a copy
 by contacting NAB on 13 22 65; and
 - that the individual can gain access to and seek correction of their personal information, or make a complaint about how it is handled, by contacting NAB on the number above.
- D. NAB will assume that any person who is granted access to NAB Connect as part of your access, whether nominated by you or your Security Officer+ User (nominated in Section A) is authorised to use NAB Connect on your behalf.

- E. Each signatory for the Applicant below acknowledges and declares that they have the necessary authority to bind the Applicant.
 - By signing this Registration Form, You acknowledge and accept that:
 - (a) failing to activate Segregation of Duties; and/or
 - (b) establishing Your NAB Connect facility with only a single authoriser, exposes you and your clients' to a higher level of internal and external fraud risk than activating Segregation of Duties and nominating authorisation rules that require multiple authorisations.
- F. They undertake to advise NAB within 30 days of any change in circumstances that affects my tax residency status and to provide NAB with an updated self-certification within 30 days of such change in circumstances.

Name	Name
Job Title	Job Title
Signature	Signature
×	×
Date	Date
/ /	/ /

Please return completed forms to your NAB representative.