



SETTLEMENT AUTHORITY	Application number	Date received
Authority for receipt/delivery of documents against payment		
Name of Customer	Account number	Date approved

S/Authority

TO Australia New Zealand Banking Group Limited ACN 005 357 522

Branch _____ Date / /

Complete section A or section B as appropriate

A. Please deliver the undermentioned documents (*) to _____
 _____ against receipt of \$ _____
 Approximately, which amount, *less* all charges, is to be applied as follows:
 \$ _____ *part/full* repayment of *my/our* Loan Account No. _____
and/or:
 \$ _____ Savings Account No _____
 \$ _____ Cheque Account No _____
 \$ _____ Term Deposit for _____ days/months/years.
 \$ _____ (*others please specify*)

B. Please receive the undermentioned documents (*) from _____
 _____ against payment of \$ _____
 approximately, which amount, *plus* all charges, is to be debited to *my/our* account:

(*) List documents concerned in detail

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Complete only if necessary

Insurance policy is to _____
 My/Our future address will be _____
 _____ Postcode _____

Signature(s) of authorising party(ies)

 Signature Signature
 I/We acknowledge receipt of documents numbered _____ to _____ (incl) listed above.

Receipt for documents delivered

 Signature Signature

Stamp Duty (if applicable)	Bank Use only		
	Amount of settlement made on / /	\$	
	<i>Less/plus Bank charges (Credited to appropriate Commission Acs. on / / refer Securities Worksheet – item 2922)</i>	\$	
	Net amount which has been dealt with in accordance with above instructions.	\$	

Customer Controller's Assistant Officer

Customer Controller's Authorised officer