

Baptist Financial Services Australia Ltd

ABN 56 002 861 789 – AFSL 311062
 (“BFS” and “Baptist Financial Services”)
 A delegated body of Australian Baptist Ministries

Ph 1300 650 542

Email clients@bfs.org.au

Web www.bfs.org.au



Authority for BFSOnline Business Registration

Administrator Details

Please complete in full the Application form and sign before sending it to us by post or via clients@bfs.org.au.

Pursuant to the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth), Baptist Financial Services cannot commence providing Clients with financial services until we obtain certain information about the Client, including signatories, and verify that this information is true and correct. BFS uses a Credit Reporting Agency (CRA) assessment to meet these regulatory obligations and each signatory's consent is required to undertake a CRA assessment.

Any Administrator who has **not** previously been identified to BFS, please complete a [CIV Individual form](#) from our [website](#).

Business Name:	
Client Number	_____ (A separate Application for BFSOnline Access is required for each client number)

On behalf of the above entity, I/We hereby apply to register for BFSOnline Business access to the above client account/s and nominate either of the following to act as Administrator(s):

Administrator 1 Client Number	_____ (found on your Statement)		
Title	Given name	Middle Name	Surname
Home Phone	()	Work Phone	()
Email			

Administrator 2 Client Number	_____ (found on your Statement)		
Title	Given name	Middle Name	Surname
Home Phone	()	Work Phone	()
Email		Drivers Licence	

The above Administrator/s currently have access to BFSOnline Yes No

If Yes, their existing logon and password will provide access to the 'BB Admin' functions.

If No, a completed '[Application for BFSOnline Access](#)' form for those without access **must** accompany this Application.

Authorised Signatories of Client

- I/We declare that the above named BFS client accounts will be administered by the nominated Administrator/s in accordance with the authority above and our '[Product and Services Information – Terms & Conditions](#)', as amended by BFS from time to time, and responsibility is accepted for all transactions effected through BFSOnline Business. This notice replaces any previous authority'
- I/We consent to BFS and its representatives to act as my agent in seeking access to my credit information held by credit reporting bodies and credit providers. This authority applies to inquiries made by BFS in connection with the provision of services to me by BFS to verify my personal information (including name, residential address, and date of birth) for AML/CTF purposes.

*	*
Name: _____	Name: _____
Date: _____ (dd/mm/yyyy)	Date: _____ (dd/mm/yyyy)

BFS Office Use:	
Authorised Signatories verified:	<input type="checkbox"/>
Administrator/s Identification verified:	<input type="checkbox"/>
Registered for Business Access:	<input type="checkbox"/>
BFS staff (initials) _____	
Date: ____ / ____ / _____	