

Approved Originator Details



Please complete all fields below including your signature, and ensure all details are true and correct.
Please write in block letters using a blue or black pen

Please fax completed and signed form to Originator Services on **1300 558 219**

Name	Originator company		
Trading name	AO & SAO no.		
Business street address	Suburb	State	Postcode
Mailing address (if different to business address)	Suburb	State	Postcode
Phone	Fax		
Mobile	Email		

The following information is required specifically for identity authentication purposes (ie. to confirm caller identity prior to releasing confidential information).

The "ID Question" should be something that only you would know the answer to (for example, what is your mother's maiden name?). It will be asked to confirm identity, please ensure you complete both the "ID Question" and the "ID Question Answer".

Date of birth (DD/MM/YYYY)

ID question

ID question answer

If the sections above are not completed, ANZ will not be able to release confidential information (such as information pertaining to customer applications) to you over the telephone, and access to the Approved Originator Website may not be available.

All of the above details are true and complete.

Signature