

# Request for Copies of Documents / Contracts



St.George Bank – A Division of Westpac Banking Corporation ABN 33 007 457 141 AFSL and Australian credit licence 233714.

Date  
 / /

<b>Personal Details</b>	Title	Given Names	Surname
	Address		Postcode
	Home Phone No.	Work Phone No.	Fax No.
	Mailing Address		Postcode
	Date of Birth	Previous Name (if applicable)	
	Previous Address (if applicable)		Postcode

**Type/s of Document/s Requested**

Type of Document	Account Type/Product the Document Relates to

Documents to be sent by  Mail  Fax

(Please note that the documents can not be collected at a branch)

**Guidelines for providing the documents (Code of Banking Practice):**

- Within 14 days if it came into existence 1 year or less before the request
  - Within 30 days for documents coming into existence 1-7 years before hand
  - Documents older than 7 years should be provided as soon as practically possible provided we have them.
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- We do not have to give you a copy of a document if you request it:
    - More than 2 years after the date on which the contract, to which the document relates, terminates; or
    - Within 3 months of requesting a copy of the document previously.
  - We may give you a copy of a document in the form of a computer-generated facsimile.
  - We may charge you a fee for the copy you request.

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## Privacy

The personal information we collect from you on this form will be used to respond to your query. We may disclose your personal information to other members of the Westpac Group, anyone we engage to do something on our behalf, and other organisations that assist us with our business. Our privacy policy, available at [stgeorge.com.au](http://stgeorge.com.au) or by calling 13 33 30, contains information about how we handle your personal information.

## Request for copies

By signing this form, I acknowledge reading the terms on this form and request the Bank to give me copies of the documents I request above subject to those terms.

Signature

X

Date

/ /

## Bank Use Only

Customer ID Sighted and Signature Verified

Type of Document

Number

Expiry Date

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Branch/Channel accepting request

Name of the staff member accepting request

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Please forward completed form to 'NSW Custodian Unit' via Fax: 02 9995 8297 or mail to Level 2, 4-16 Montgomery St, Kogarah.