



International Customer Service Application Form

Agency use only

Phone: +612 9762 0920 Fax: +612 9151 8399

Submitted via

Section 1 – Customer details

Date of arrival in Australia

Arrival city

Visa type (permanent, temporary, student etc.)

Account Option

- ☐ Everyday Account - Smart Access ☐ Everyday Account - Complete Access
☐ Cash Investment Account ☐ Every day account with Student Options

Account Type

- ☐ Single Account ☐ Joint Account

Method of Operation (joint accounts only)

- ☐ Either to Operate ☐ Both to Operate

Section 2 – Personal details

Account holder 1

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other

First name (as it appears on your passport)

Middle name

Last name/Family name

Other names known by (if any)

Date of birth

Gender

☐ Female ☐ Male

Current residential address (PO Box is not acceptable)

State/Province

Postcode

Country

Phone number*

Alternate contact number*

* Please include country code

Email address

Contact address/Phone number in Australia (if available)

State

Postcode

Preferred language

For student applications

Name of University/College

Campus (if applicable)

Continued overleaf ►

Section 2 – Personal details (continued)

Account holder 2

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	<input type="text"/>
First name (as it appears on your passport)	Middle name		Last name/Family name				
<input type="text"/>	<input type="text"/>		<input type="text"/>				
Other names known by (if any)	Date of birth		Gender				
<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Female <input type="checkbox"/> Male				
Current residential address (PO Box is not acceptable)							
<input type="text"/>							
State/Province		Postcode		Country			
<input type="text"/>		<input type="text"/>		<input type="text"/>			
Phone number*	Alternate contact number*						
<input type="text"/>	<input type="text"/>		* Please include country code				
Email address							
<input type="text"/>							
Contact address/Phone number in Australia (if available)							
<input type="text"/>							
				State		Postcode	
				<input type="text"/>		<input type="text"/>	
Preferred language							
<input type="text"/>							

For student applications

Name of University/College	Campus (if applicable)
<input type="text"/>	<input type="text"/>

You can elect to receive the Transaction Savings & Investment Accounts General Information and Terms and Conditions by email. This is a once only election and does not apply to any other information we are required to give you. If you choose email delivery, you will not automatically receive a paper copy of those documents by mail but will instead be sent a softcopy by email, so you can print your own copy. Please indicate your election by ticking the box below.

- ☐ I/We elect to receive the Transaction Savings & Investment Accounts General Information and Terms and Conditions by email.
- ☐ Tick here if you wish to be provided the BSB and account number of your new account by email. If you do, you acknowledge that email may pass through non-secure channels and could therefore be viewed by an unauthorised third party.
- ☐ Tick here if you wish the Bank to provide details of your new account including the BSB and account number to the agent or organisation assisting you. If you do, you acknowledge that this information may be sent by email and pass through non-secure channels and could therefore be viewed by an unauthorised third party.

Section 3 – Declarations and Acknowledgements

I/We agree to be bound by terms and conditions contained in the Transaction, Savings and Investment Accounts General Information and Terms and Conditions (including the section on 'Privacy'). I/We also acknowledge and consent to the use and disclosures of my/our personal information as detailed in the section on 'Privacy'. I/We understand that Australian law requires signatories to state all the names by which they are commonly known and prohibits the use of false names as well as provision of false or misleading information in connection with an identification procedure. I/We declare that the details as shown on this form are complete and correct. I/We acknowledge that the Bank may pay commission to the agent or organisation assisting me/us.

Signature (Applicant 1)	Date	Signature (Applicant 2)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



How to submit your application:

Once you have completed and signed your application please send to the Commonwealth Bank International Customer Services team via:

Fax: +61 2 9151 8399

Scan and Email: ics@cba.com.au

Commonwealth Bank International Customer Services

Web: www.commbank.com.au/movingtoaustralia

Email: ics@cba.com.au

Phone: +612 9762 0920

International Toll Free numbers

Within Australia: 1800 188 888

Canada: 1866 547 0817

China: 00 800 3368 8866

Fiji: 00 800 2526

Hong Kong: 001 800 3368 8866

India: 000 800 610 3122

Indonesia: 001 803 0612 128

Malaysia: 1800 181 018

New Zealand: 0800 229 888

Singapore: 800 6162 219

South Africa: 0800 980 339

South Korea: 0079 8612 1062

United Kingdom: 0808 234 8969

USA: 1800 793 4199

Vietnam: 1800 1507