Vault Security Test

Complete all appropriate actions and fax completion documents once contents have been secured at the nearest Service Centre



Email: Internal-Support@anz.com Fax:	Date:
All requests must be signed.	Authorised contact name/number:
Unsigned requests will not be processed and will be returned to Vault Security 1	Test and removal Directive
of the police and note below If the bank vault fails the test rem	nove the contents and deliver to the nearest will be communicated while on route ey are available
ivery Name nature	ANZ Rep Sign Off Name Signature
e (DD/MM/YYYY)	Date (DD/MM/YYYY)

Important information

This facsimile/document contains information that is confidential and which may be legally privileged. If you are not the intended recipient, you must not read, use, distribute or copy this facsimile/document. If you are not the intended recipient, please notify us immediately on and return the original facsimile/document to us by mail at our expense. Thank you.