

ANZ Truck Recovery/Repossession Request



Complete all appropriate sections and fax to the V2 PLUS Service Centre on:

Email: Internal.Support@anz.com

Fax: 1800 671 800

All requests must be signed.

Unsigned requests will not be processed and will be returned to you.

Date:

Authorised contact name:

Contact number:

Intermediary number:

1. ADD NEW SIGNATORY

First name

Middle Name

Surname

Date of birth

Full Residential address

Suburb

State

Postcode

Country

Work phone number

Home phone number

Occupation

Email

Country of Citizenship

Other country of Citizenship

2. ACCOUNT INFORMATION

Please complete the account details you wish to grant/change access to

BSB

Account number

Account name

Is the new signatory an existing ANZ Customer? ☐ Yes ☐ No

If **yes**, please list current ANZ account number

If **no**, you can visit a branch or supply a certified copy of ID along with the form

Amendments to signing arrangements

☐ All parties to sign jointly

☐ Either party to sign

☐ Other (please provide details)

2. REMOVE SIGNATORY

Full name

3. SIGNATURE(S)

New signatory

Customer's full name

Customer's signature

Date (DD/MM/YYYY)

Customer's full name

Customer's signature

Date (DD/MM/YYYY)

Customer's full name

Customer's signature

Date (DD/MM/YYYY)

Customer's full name

Customer's signature

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 13 28 33 and return the original facsimile/document to us by mail at our expense. Thank you.