## **Data Sharing Authority and myRAMS Access**



## For company and trust applicants

Complete this Authority to permit authorised individuals (Nominated Representatives) to share your banking information on Open Banking Accounts with Accredited Data Recipients on behalf of the Organisation or Trust, and to manage data sharing via either the Accredited Data Recipient or via myRAMS.

The Nominated Representative must be at least 18 years old at the time of being elected and meet the bank's identity and onboarding criteria.

All of the Organisation's or Trust's Open Banking Accounts will be available to the Nominated Representative to select for data sharing. Open Banking Accounts include accounts that are open, closed, not visible in myRAMS and accounts that the Nominated Representative may not otherwise have access to.

To be eligible for Open Banking you must first be registered for AccessOne. You can do this by calling us on 13 RAMS, that's 13 7267.

Please complete the information below and either:

- Email to: <u>Openbankingrequest@ramsservices.com.au</u>
- Mail to: RAMS, Locked Bag 5001, CONCORD WEST NSW 2138.

After passing initial eligibility checks, we'll send a Customer ID and myRAMS temporary password to your Nominated Representative/s. If they are already registered for myRAMS, they will use their existing login details.

If you are concerned about email security, please return the form by mail.

Should you need to remove a Nominated Representative at any time, please call us on 13 RAMS, that's 13 7267.

Any existing data sharing will continue unless it expires; is stopped by another Nominated Representative; or the Nominated Representative you remove is the last one for the Organisation or Trust. Where data sharing stops due to removal of the last Nominated Representative, it will restart when a subsequent Nominated Representative is nominated.

All details are mandatory unless marked as Optional

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STEP 1: ACCOUNT HOLDE	R DETAILS
Trust/Company name	
ACN or ABN (if trading)	
Current mailing address	
	Trust/Company - CIN
STEP 2: CONTACT DETAIL	s
Telephone (Optional)	
Mobile (Optional)	
Email address	

STEP 3: NOMINATED REPRESENTATIVE DETAILS				
Please complete a separate form for each Nominated Representative.				
Is the Nominated Representative already an existing customer on myRAMS?		Yes – please provide their CIN below		
		CIN		
Title				
Given name				
Middle name (Optional)				
Surname				
Email address				
Mobile number				
Date of birth	/ /			
Current residential address	Street (Cannot be a P.O. Box Number)			
	Suburb/Town			
	State	P/code	Country	
Current mailing address	Street (Can be a P.O. Box Number)			
Same as residential address	Suburb/Town			
	State	P/code	Country	
STEP 4: NOMINATED REP	RESENTATIVE ACKNOWLEDGEN	MENT		
As an appointed individual named as a Nominated Representative in Step 3, I acknowledge that I have read and agree to be bound by the myRAMS Terms and Conditions ( <a href="mailto:rams.com.au/myrams/terms-and-conditions">rams.com.au/myrams/terms-and-conditions</a> ) and the RAMS Privacy Statement ( <a href="mailto:rams.com.au/about-rams/privacy">rams.com.au/about-rams/privacy</a> ).				
Name				
Personal 8-digit customer number (CIN)				
Signature		Date / /		

## **STEP 5: AUTHORISATION & ACKNOWLEDGEMENT**

By signing this form the Organisation or Trust:

- (a) agrees to accept and acknowledges that the Organisation or Trust is bound by the myRAMS Terms and Conditions (rams.com.au/myrams/terms-and-conditions).
- (b) agrees that we may accept instructions through myRAMS from the Nominated Representative listed above to manage authorisations to share data with Accredited Data Recipients about any of the Organisation's or Trust's Open Banking Accounts.

- (c) acknowledges and agrees that the Nominated Representative may grant and manage authorisations to share data with Accredited Data Recipients about any of the Organisation's or Trust's Open Banking Accounts.
- (d) acknowledges and agrees that the Organisation's or Trust's data will be shared in accordance with the Australian Government Consumer Data Right legislation, rules and requirements.
- (e) acknowledges and agrees that acting reasonably, if we are required by law, for our internal risk or compliance purposes, or to protect the account holder from possible risk or harm, we reserve the right to cancel or suspend this Authority at any time and for any reason, without notice, and we may not always provide a reason.
- (f) indemnifies us against any claim, loss, damages or costs we suffer or incur as a result of us acting reasonably, in accordance with this Authority and standard procedure, and not due to our own negligence or fraud, including but not limited to any claims for breaches of privacy or confidentiality, or fraud caused, or contributed to by the Nominated Representative as the result of data shared with Accredited Data Recipients about any of the Organisation's or Trust's Open Banking Accounts and acknowledges and agrees that this indemnity survives cancellation of this Authority.
- (g) represents and warrants that it has done all things necessary, including obtaining any approvals or corporate authorisations, to enter into this Authority and the transactions it contemplates.
- (h) acknowledges and agrees that subject to (f) above, RAMS is entitled to rely on this Authority until such time that the Authority is withdrawn by the Organisation or Trust.

In this authority, we, our, us means Westpac Banking Corporation ABN 33 007 457 141 AFSL and Australian credit licence 233714 and our agents or service providers that assist us administer myRAMS and/or the relevant RAMS account(s).

Once you have completed and returned this form to us, we will send the Nominated Representative's customer identification separately to allow them to access myRAMS Online Banking.

Our Privacy Statement, which includes our EU Data Protection Policy can be found at rams.com.au/about-rams/privacy.

## Signed by the Organisation or Trust

Executive Officer/Office I	Holder 1 (e.g. Sole Trader, Director, Company S	ecretary, Trustee, Partner)			
Name					
Personal 8-digit customer number (CIN)		Position			
Signature	X	Date / /			
Executive Officer/Office Holder 2 (e.g. Sole Trader, Director, Company Secretary, Trustee, Partner)					
Name					
Personal 8-digit customer number (CIN)		Position			
Signature	X	Date / /			