

- i** • Providing your ABN, TFN or Exemption Code is not compulsory, but if you do not, tax may be taken out of your interest at the highest marginal tax rate plus Medicare levy. If you quote your TFN or ABN, you authorise the Participant to disclose it to its related bodies corporate, ASX Settlement Corporation, the provider of your cash management account, trustees, sponsors of your shareholdings and their agents and other issuers of securities for purposes relating to the securities in the trading account.
- Customers are required by law to provide details of their country/ies of tax residency as part of our obligations under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).
- Refer to the end of this document for submission instructions, [explanatory notes and help](#).

Adviser code or current username

Adviser name

Brokerage code – *Optional*

## 1. Which legal entity would you like to open the account in?

- ☐ Company ☐ SMSF/Trust – Individual/Joint as trustee ☐ SMSF/Trust – Company as trustee

Note: For Individual and Joint accounts use Form 1000

## 2. Personal Details – *Applicant/Director/Trustee 1*

- ☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First name

Middle name/s

Surname

Date of birth – DD/MM/YYYY

 /  / 

Other name/s commonly known by – *If applicable*

- ☐ Male ☐ Female

### Residential Address

Street address – *Cannot be a PO Box*

Suburb

State

Postcode

Country

### Postal Address

☐ Same as residential address

Street address

Suburb

State

Postcode

Country

## Contact Details – *Must be applicant's details*

Email address

This email address will be used for electronic statement delivery and will also be provided to relevant Issuers in accordance with AUSIEX's Privacy Policy.

☐ I do **not** wish to receive electronic CHESSE statements and do not want my email address shared with Issuers.

Mobile number

Home number – *Optional*

Work number – *Optional*

### Tax Residency Information

1. Are you a tax resident of Australia? – <i>Mandatory</i>	<input type="radio"/> Yes	<input type="radio"/> No
2. Tax File Number or Exemption Code		
3. Are you a tax resident of another country outside of Australia? – <i>Mandatory</i> If yes, please complete the Tax Residency table below.	<input type="radio"/> Yes	<input type="radio"/> No

### Instructions for completion:

- List all of your other countries of tax residency and your TIN for that country of 'Reason Code' if no TIN is available.
- If you are a US citizen or resident, you must include USA as a country of tax residency.
- Tax residency information is not required for Publicly Listed Companies or SMSFs.

For further instructions on how to complete this section see [explanatory notes](#) at the end of this application.

Country/ies of Tax Residency		Tax Identification Number (TIN)				
List all country/ies of tax residency.		1. Provide either TIN; OR 2. Select a 'Reason Code' if no TIN: A. My country of tax residency does not issue TINs B. I haven't been issued with a TIN by my country of tax residency C. My country of tax residency doesn't require disclosure of a TIN				
1		TIN:		OR	Reason Code:	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
2		TIN:		OR	Reason Code:	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
3		TIN:		OR	Reason Code:	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C

### Job Category and Type

Refer to 'Job and Industry Classifications List' available on our website.

Job Category	Job Type

### Source of Funds and Source of Wealth

See [explanatory notes](#) at the end of this document.

Source of Funds	Source of Wealth

### Online Access – *New customers only*

You will need this the first time you log in. Your Username will be provided in a welcome email when the account has been established.

Temporary Login Password

- i** Your nominated temporary password:
- Must be between 6 and 16 characters long
  - Is not case sensitive
  - Must not contain spaces
  - Can contain most characters except <=>^{}'
  - Must not contain the word 'password'

**Identification** – Choose one of the options below.

To meet our obligations with the *Anti Money Laundering/Counter-Terrorism Financing Act 2006 (Cth)*, we must identify customers before we provide a service. Please select one of the following:

<input type="radio"/>	<b>Option 1 – Existing customer</b> If you are an existing customer, please provide your Username or share trading account number below. Username/Share trading account number:
<input type="radio"/>	<b>Option 2 – New customer</b> Please attach two copies of primary ID such as Australian Driver Licence (both the front and back of the card), and Passport or Medicare card. Refer to the 'Identification Documentation Requirements' list available from our website. By selecting this option and providing copies of your ID, you consent to the electronic verification of your ID documents as outlined in the Declaration Section of this form.
<input type="radio"/>	<b>Option 3 – New customer</b> If you do not meet the criteria for Option 1 or Option 2 or you do not consent to your ID being electronically verified, please refer to the 'Identification Documentation Requirements' list available from our website. Please ensure the ID provided is <b>originally certified</b> .

**2. Personal Details** – Applicant/Director/Trustee 2

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

First name Middle name/s Surname Date of birth – DD/MM/YYYY

Other name/s commonly known by – If applicable

☐ Male ☐ Female

<b>Residential Address</b> <input type="checkbox"/> Same as Applicant 1 Street address – <i>Cannot be a PO Box</i> Suburb State Postcode Country	<b>Postal Address</b> <input type="checkbox"/> Same as Residential Address Street address Suburb State Postcode Country
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**Contact Details** – Must be applicant's details

Email address

This email address will be used for electronic statement delivery and will also be provided to relevant Issuers in accordance with AUSIEX's Privacy Policy.

☐ I do **not** wish to receive electronic CHESS statements and do not want my email address shared with Issuers.

Mobile number Home number – Optional Work number – Optional

### Tax Residency Information

1. Are you a tax resident of Australia? – <i>Mandatory</i>	<input type="radio"/> Yes	<input type="radio"/> No
2. Tax File Number or Exemption Code		
3. Are you a tax resident of another country outside of Australia? – <i>Mandatory</i> If yes, please complete the Tax Residency table below.	<input type="radio"/> Yes	<input type="radio"/> No

### Instructions for completion:

- List all of your other countries of tax residency and your TIN for that country of 'Reason Code' if no TIN is available.
- If you are a US citizen or resident, you must include USA as a country of tax residency.
- Tax residency information is not required for Publicly Listed Companies or Company Trustees.

For further instructions on how to complete this section see [explanatory notes](#) at the end of this application.

Country/ies of Tax Residency		Tax Identification Number (TIN)				
List all country/ies of tax residency.		1. Provide either TIN; OR 2. Select a 'Reason Code' if no TIN: A. My country of tax residency does not issue TINs B. I haven't been issued with a TIN by my country of tax residency C. My country of tax residency doesn't require disclosure of a TIN				
1		TIN:		OR	Reason Code:	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
2		TIN:		OR	Reason Code:	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
3		TIN:		OR	Reason Code:	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C

### Job Category and Type

Refer to the 'Job and Industry Classifications List' available on our website.

Job Category	Job Type

### Source of Funds and Source of Wealth

See [explanatory notes](#) at the end of this document.

Source of Funds	Source of Wealth

### Online Access – *New customers only*

You will need this the first time you log in. Your Username will be provided in a welcome email when the account has been established.

Temporary Login Password

- i** Your nominated temporary password:
- Must be between 6 and 16 characters long
  - Is not case sensitive
  - Must not contain spaces
  - Can contain most characters except <=>^{}'
  - Must not contain the word 'password'

**Identification** – Choose one of the options below.

To meet our obligations with the *Anti Money Laundering/Counter-Terrorism Financing Act 2006 (Cth)*, we must identify customers before we provide a service. Please select one of the following:

<input type="radio"/>	<b>Option 1 – Existing customer</b> If you are an existing customer, please provide your Username or share trading account number below. Username/Share trading account number:
<input type="radio"/>	<b>Option 2 – New customer</b> Please attach two copies of primary ID such as Australian Driver Licence (both the front and back of the card), and Passport or Medicare card. Refer to the 'Identification Documentation Requirements' list available from our website. By selecting this option and providing copies of your ID, you consent to the electronic verification of your ID documents as outlined in the Declaration Section of this form.
<input type="radio"/>	<b>Option 3 – New customer</b> If you do not meet the criteria for Option 1 or Option 2 or you do not consent to your ID being electronically verified, please refer to the 'Identification Documentation Requirements' list available from our website. Please ensure the ID provided is <b>originally certified</b> .

**Additional Account Applicants**

Please copy and complete the above section for each additional Account Applicant.

**3. Company Details** – *If applicable*

Company name	Registered business name
<input type="text"/>	<input type="text"/>
Australian Business Number (ABN)	Australian Company Number (ACN)
<input type="text"/>	<input type="text"/>

See [explanatory notes](#) at the end of this document.

Type of Company?	<input type="radio"/> Public	<input type="radio"/> Proprietary / Private
Was the Company established in Australia?	<input type="radio"/> Yes	<input type="radio"/> No
Is the Company operating as a charity?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, what is the objective/purpose of the charity?		

Tax File Number or Exemption Code - *Optional*

See [explanatory notes](#) at the end of this document.

**Company Industry Category and Type**

See the 'Job and Industry Classifications List' on our website.

Company industry category	Company industry type
<input type="text"/>	<input type="text"/>

**Source of Funds and Source of Wealth**

See [explanatory notes](#) at the end of this document.

Source of Funds	Source of Wealth
<input type="text"/>	<input type="text"/>

### Company Contact

☐ Same as Applicant 1

☐ Same as Applicant 2

Email address

Phone number

### Company Address

#### Registered Business Address

☐ Same as Applicant 1

☐ Same as Applicant 2

Street address – *Cannot be a PO Box*

Suburb

State

Postcode

Country

#### Postal Address

☐ Same as registered address

Street address

Suburb

State

Postcode

Country

#### Principal Place of Business

☐ Same as registered address

Street address – *Cannot be a PO Box*

Suburb

State

Postcode

Country

### Additional Director Details

List the full names of all additional directors of any foreign company or domestic proprietary company that are not listed as an applicant in Section 2. If there are more than three additional directors please take a copy of this section, complete and attach to your application.

#### Additional Director 1

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First name

Middle name/s

Surname

#### Additional Director 2

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First name

Middle name/s

Surname

#### Additional Director 3

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

First name

Middle name/s

Surname

**Beneficial Owner Details – Mandatory for Proprietary / Private Companies**

A. Are there any individuals who own 25% or more of the shares either directly or indirectly in the company?

<input type="radio"/>	Yes – Go to D and provide details
<input type="radio"/>	No – Go to B

B. Are there any individuals who control 25% or more of the shares either directly or indirectly in the company?  
For example through voting rights?

<input type="radio"/>	Yes – Go to D and provide details
<input type="radio"/>	No – Go to C

C. If there are no beneficial owners or controllers please provide details in D for any individuals who are responsible for the strategic or financial decisions of the company. That is, the individual who exercises primary control over the company because of the position held. e.g. CEO, Managing Director of equivalent.

D. Please provide personal details of individuals – at least one individual must be listed.

<input type="radio"/>	Beneficial Owner/Controller 1 same as Applicant 1 OR complete <a href="#">Appendix 1</a>
<input type="radio"/>	Beneficial Owner/Controller 2 same as Applicant 2 OR complete <a href="#">Appendix 1</a>

**Additional Beneficial Owners / Controllers**

Please copy and complete [Appendix 1](#) at the end of this form for each additional Beneficial Owner/Controller.

**4. Individual Trust/Joint Trust/SMSF Applications**

**Trust Type**

☐ SMSF ☐ Family ☐ Testamentary ☐ Other

Full Trust Name – As per Trust Deed

**Account Designation**

Used when you wish to trade under the trust. Ensure the account designation matches your CHESS registration name.

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**i** The words or reference to “trust”, “as trustee for”, “trustee”, “ATF”, “Testamentary” should not be used in Account Designation as it will not be accepted by CHESS.

**Was the Trust established in Australia?**

<input type="radio"/> Yes	<input type="radio"/> No
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**Is the Trust operating as a charity?**

<input type="radio"/> Yes	<input type="radio"/> No
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If yes, what is the objective/purpose of the charity?

**Trust Tax Details**

Australian Business Number (ABN)

Tax File Number (TFN) or Exemption Code - *Optional*

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See [explanatory notes](#) at the end of this document.

### Trust Industry Category and Type

See the '[Job and Industry Classifications List](#)' on our website.

**i** SMSF Trusts industry category is 'Finance and Insurance' and Trust industry type is 'Superannuation Funds'.

Trust Industry Category

Trust Industry Type

### Source of Funds and Source of Wealth

See [explanatory notes](#) at the end of this document.

Source of Funds

Source of Wealth

### Settlor of Trust – *Mandatory except if trust type is SMSF or Testamentary Trust*

**Was the trust established with a 'settled sum' of \$10,000 or more?**

☐ Yes ☐ No

If yes, what is the name of the settlor?

#### 1) Is the Trust's primary business activity investing?

Tick "Yes" if the Trust earns more than 50% of its total income from investment activities (e.g. rent, interest or dividends); or more than 50% of the Trust's assets produce or are held for producing investment income.

☐ Yes ☐ No

If Yes and the Trust is NOT a SMSF or Charity, please answer question 2.

#### 2) Are any Trust Applicants, Directors or Shareholders tax residents, citizens or residents of countries other than Australia?

☐ Yes ☐ No

### Trust Address Details

**Registered Address of the Trust**

☐ Same as Applicant 1

☐ Same as Company

Street address – *Cannot be a PO Box*

Suburb

State

Postcode

Country

**Postal Address**

☐ Same as Applicant 1

☐ Same as Company

Street address

Suburb

State

Postcode

Country



## Trust Identification

See below for any further information that may be required to verify the Trust.

	Preferred Method	Alternative Process
SMSF Trust	We use an ABN Lookup to verify SMSF entities. No additional identification is required.	
Non-SMSF Trust	<p>Supply a certified copy (wet signature not required) of the current Trust Deed extract (showing trust name, trustees' names, trustees' signatures, date of execution, beneficiary name/s (and Settlor name/s and settled sum if formal trust)), <b>and one</b> of the following supporting documents below:</p> <ul style="list-style-type: none"> <li>• A notice from the ATO, such as a Notice Of Assessment, issued in the last 12 months; <b>or</b></li> <li>• A Bank Statement from another financial institution from the last 12 months; <b>or</b></li> <li>• A letter from the Legal Practitioner who prepared the Trust Deed confirming: <ul style="list-style-type: none"> <li>• the Practitioner's details;</li> <li>• the full name of the trust;</li> <li>• the full name of all trustees; and</li> <li>• the full name of the Settlor of the trust (unless the material asset contribution to the trust by the settlor at the time the trust is established was less than \$10,000, or the settlor is deceased).</li> </ul> </li> </ul> <p>(Supporting documents do not need to be certified. Please submit the document copies via <a href="#">eSubmit</a>.)</p>	If your client is unable to provide these, please post an original certified copy (wet ink) of the current Trust Deed to Locked Bag 3005, Australia Square NSW 1215.

## Additional Trustee Details – For individual trust type only

Please copy and fill out [Appendix 1](#) at the end of this form for each additional Trustee.

**i** Please note additional trustees who have completed [Appendix 1](#) will not be granted operator access to the account. If there are additional operators, please photocopy [section 2](#).

## Beneficiary Details – Mandatory except for SMSF

Provide the type of membership class (e.g. unit holder, family member) or the full name of each beneficiary. If there are more than 2 membership classes/beneficiaries please take a copy of this section, complete and attach to your application.

Membership classes

**OR** give Beneficiary details

### Beneficiary 1

☐ Same as Applicant 1

☐ Mr
☐ Ms
☐ Mrs
☐ Miss
☐ Dr
☐ Other

First name

Middle name/s

Surname

### Beneficiary 2

☐ Same as Applicant 2

☐ Mr
☐ Ms
☐ Mrs
☐ Miss
☐ Dr
☐ Other

First name

Middle name/s

Surname

## 5. CHESS Registration Details

☐ Same as Applicant 1

Email address:

This email address will be used for electronic CHESS statement delivery.

☐ I do **not** wish to receive electronic CHESS statements.

### Address

☐ Same as Applicant 1 postal address

☐ Same as Company postal address

☐ Same as Trust postal address

Street address

Suburb

State

Postcode

Country

## 6. Settlement Options

What account would you like to use for share purchases and settlements:

☐ Existing bank account

Account name

BSB

Account number

- i**
- The nominated bank account must be in the same entity name provided in this application.
  - If the linked bank account has one or more parties which are not the share trading account holders, you must provide identification of those parties with a signature and ensure they sign the Declaration & Signature/s section of this form.
  - If you are linking a Macquarie Cash Management Account (CMA) and would like to authorise your adviser with view only access to view the cash account balance on our website, please speak with your adviser so they can complete the 'Macquarie Third Party Authority' form.

☐ Third party settlement – for example, a third-party Margin Loan or WRAP account

Third party settlement provider

Account name

Account number

Third party contact person – if known

Third party contact number – if known

## Dividend Redirection Request

☐ Pay my dividends directly to the linked settlement account

- i**
- Not all companies or share registries support electronic payment of dividends or their direction.
  - Not applicable for Third Party Settlements, such as a Margin Loan. We will automatically send your BSB and Account Number to the share registries on your CHESS Sponsored Share Trading Account with the Participant.

## 7. Share Transfer Requests

### Issuer to Broker Share Transfers

Transfer my/our Issuer Participant Sponsored Holdings to the Participant – *Please attach copies of all relevant holdings statements*

Securityholder Reference Number (SRN)	ASX code or security name	Quantity

I/We authorise the Participant to convert the above listed Holding/s into my/our Share Trading Account.

I/We authorise the Participant to make changes to my Holder Identification Number (HIN) registration details in accordance with the information on my Trading Account in the event of any mismatch of registration details.

**i** The name and registration detail that appears on your current registered holdings must be the same as that which appears on your share trading account. If this requirement is not met any request to transfer holdings may be delayed or rejected.

### Broker to Broker Share Transfers

Existing broker name

Participant Identification (PID)

Holder Identification Number (HIN)

Account number

New broker name

Participant Identification Number (PID) – AUSIEX PID is 6382.

I/We authorise the Participant to make changes to my Holder Identification Number (HIN) registration details in accordance with the information on my Trading Account in the event of any mismatch of registration details.

## Broker to Broker Transfer Instructions

<b>a. Transfer ALL Broker Sponsored Holdings to the Participant –</b> <i>We will transfer your Holder Identification Number (HIN)</i>	<input type="radio"/> Yes	<input type="radio"/> No
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**OR**

<b>b. Transfer the following existing Broker Sponsored Holdings to the Participant</b>	<input type="radio"/> Yes	<input type="radio"/> No
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Please list stock that you would like to transfer from your Existing Broker. Attach a separate sheet if more space is required.

## 8. Client Declaration and Signature/s

All applicants and the adviser must sign this declaration.

### Applicant/s Declaration

I/We understand, acknowledge and declare:

1. the information I/we provided to you in my/our application is complete and correct and acknowledge that it will form part of the contract.
2. the name of individual persons given in this application are true and correct and that the law prohibits the use of false names, as well as the giving or use of false documents in connection with an identification procedure;
3. that I/we have read the notice regarding to the collection, use and exchange of my/our personal information as set out in the Customer Information and Privacy sections of the Terms and Conditions accompanying this form with respect to each product I/we are applying for, and the Participant's Privacy Policy.
4. that I/we have obtained the consent of any individual/s whose personal information is provided in this application. They acknowledge and consent to the collection, use or exchange of their information in accordance with the Participant's Privacy Policy.
5. AUSIEX is required by the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth)* to collect information about you and verify your identity before we can provide you with the services or products for which you've applied. If you selected 'Option 2 - New customer', and are providing either your Passport or Australian Driver Licence as the method of ID, the following applies to you:
  - a. I/We consent to having electronic identification performed using personal details and identification documents. I/we have provided, and understand that providing false or misleading information about my/our identity/s is an offence under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth)*.
  - b. I/We consent to having my/our personal details and identification documents matched to information held by the issuer or Official Record Holder via third party systems.
  - c. I/We understand that my/our personal information will be exchanged with external organisations including: credit reporting agencies, Commonwealth and State government departments, independent and private sector organisations and outsourced providers who coordinate the electronic identification process and who may conduct additional matches against public or proprietary databases.
  - d. As part of the electronic identification process, I/we permit these external organisations to record, use and disclose my/our information in accordance with their own privacy policies and legal obligations. I/We understand that AUSIEX and its outsourced providers will access records held about me/us by these external organisations only for the purpose of matching the identifying information I/we have chosen to provide.

- e. I/We consent to providing my/our name/s, address/es and date of birth to selected credit reporting agencies to match this information against their records.
- f. I/We understand that this is done only for identity verification purposes as required by the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth)*.

You do not have to consent to electronic verification. If you do not want to be verified electronically, please contact us for alternative options of confirming your identity.

### Declaration to Share Trading Terms and Conditions

1. I/We, the Applicant/s acknowledge that we have been supplied with, and read, the Participant's Financial Services Guide, Best Execution Guide and Share Trading Terms and Conditions prior to receiving any financial service from the Participant.
2. I/We, the Applicant/s, agree to be sponsored by the Participant under the terms of the Participant Sponsorship Agreement. I/ We have read and agree to accept and abide by the terms of the Agreement, and have been supplied with, read and understood the written explanation of the implications of those terms.
3. I/We, the Applicant/s, authorise the adviser to open a Share Trading Account with the Participant and to give instruction to the Participant on the Account on my/our behalf.
4. I/We, the Applicant/s, acknowledge that as a result of my/ our Share Trading Account managed by my adviser with the Participant having Straight Through Processing (an automated processing of a securities trade through the Market Operator's trading system) it is possible that any orders on my/our Account may be matched with another order also placed by the Participant. This "crossing" may be with an order by another client of the Participant or by the Participant itself.
5. I/We authorise and request Australian Investment Exchange Limited (APCA User ID no. 093993 – Debit and 093 992 - Credit) to arrange for funds to be debited from/credited to my/ our accounts as specified in this Application through the Bulk Electronic Clearing System (BECS). I/We acknowledge that this authority is governed by and will remain in force in accordance with the Direct Debit/Credit Request Service Agreement section of the Share Trading Terms and Conditions governing each product I/we are applying for.
6. I/We, the Applicant/s, acknowledge and agree that all confirmations are to be sent electronically to my/our email and where the confirmation is posted, that a charge will apply.
7. I/We authorise the Participant to accept instructions on my/ our behalf from my/our adviser and confirm that my/our adviser has the power to do the following in my/our name and on my/ our behalf from time to time:
  - a. to have access to, receive, and enquire about information pertaining to an account;
  - b. to acquire, buy, deal with and dispose of, or sell any financial products;

- c. to provide authorisation to make and receive payment for any financial products transactions and attendant expenses by any means whatsoever and to give a goods receipts and discharges for the proceeds and sales on financial products and other monies;
  - d. to execute all contracts and other documents necessary or proper for the custody, dealing and transfer of financial products and related matters;
  - e. to receive, hold, or arrange custody of evidence or title to financial products; and
  - f. to exercise all rights, obligations, duties, and privileges now and in the future with regard to transacting in financial products that pertain to me as the holder of financial products;
8. I/We accept that my/our adviser has access to all information relating to transactions undertaken in relation to dealings with the Participant.
  9. I/We acknowledge that my/our adviser or the Adviser's named licensee may delegate the authorisation in clause 7 above to persons nominated by the Licence Holder from time to time.
  10. I/We, the Applicant/s, declare that I/we have the legal capacity to make these declarations, accept the conditions and enter into the agreements referred to in the points above.

**For Trusts Only:**

I/We:

- a. Warrant that the trust deed/instrument authorises the opening and operation of the account as contemplated by this Application, and
- b. Warrant that authority has been given by signature of the trustee/s, or where the trustee is a company, by resolution passed at a legally constituted meeting of director/s of the company for the opening and operation of the account/s in the name of and on the terms and conditions and in the manner set out in this Application.

**Applicant/Director/Trustee 1**

Full name Date signed – DD/MM/YYYY

 / 
  / 
 

Signature – *Must be signed pen to paper*

**Applicant/Director/Trustee 2 – If applicable**

Full name Date signed – DD/MM/YYYY

 / 
  / 
 

Signature – *Must be signed pen to paper*

 If there are more than 2 applicants, please take a copy of this section, complete and attach to your Application.

**Adviser Declaration**

1. As the adviser, I agree that the above client has been provided with and read, the Participant's Financial Services Guide prior to receiving any financial service from the Participant.
2. I have been appointed by the applicant/s as their client adviser and I have identified the applicant/s and where applicable the Trust.
3. AUSIEX is authorised to take instruction/s from this client's adviser on behalf of the applicant/s.

**Adviser**

Full name Date signed – DD/MM/YYYY

 / 
  / 
 

Signature – *Must be signed pen to paper*

## Explanatory Notes

### 1. Australian Business Number (ABN), Tax File Number (TFN) or Exemption Code

Providing your ABN, TFN or Exemption Code is not compulsory, but if you do not, tax may be taken out of your interest at the highest marginal tax rate plus Medicare levy.

If you quote your TFN or ABN, you authorise the Participant to disclose it to its related bodies corporate, ASX Settlement Corporation, the provider of your cash management account, trustees, sponsors of your shareholdings and their agents and other issuers of securities for purposes relating to the securities in the trading account.

#### TFN and Trusts

**Formal trust** – established as a legal entity under a formal trust deed and has a TFN. Quote the TFN of the formal trust.

**Informal trust** – no formal arrangements in place e.g. minor, and there is no requirement for you to furnish a Trust income tax return to the Australian Taxation Office. Provide the Tax File Number/s of the Trustee/s.

### 2. Tax Identification Number (TIN)

If you are a tax resident of another country, you will be asked for your Tax Identification Number (TIN) issued to you in that country, if you have one.

TIN is an international term which may have a different name in some countries.

A compilation of links to information about TINs for many countries can be found here: <http://www.oecd.org/>

Examples are Tax File Number (TFN) in Australia, Social Insurance Number (SIN) in Canada, Unique Taxpayer Reference (UTR) or National Insurance Number (NINO) in United Kingdom, Permanent Account Number (PAN) in India, IRD Number in New Zealand, and Tax Reference Number (TRN) in Malaysia.

### 3. Account Designation

Account Designation is used when you wish to trade under the name of a Superannuation Fund, Family Trust, Minor or Deceased Estate. Examples include: Brown S/F A/C, Brown Family A/C, Louise Brown (minor). Please ensure that your account designation matches that of your CHESS registration name.

### 4. Source of Funds and Source of Wealth

#### Source of Funds

The origin and the means of transfer of the Fund to service the new product (e.g., salary/wages, business income).

- Salary/Wages
- Commission
- Bonus
- Business income/earnings
- Business Profits
- Rental income
- Superannuation/pension
- Loan
- Insurance payment
- Compensation payment
- Government benefits
- Sales of an asset
- Liquidation of assets
- Redundancy
- Inheritance
- Gift/Donation
- Windfall
- Tax refund
- Additional Sources (provide sources)

#### Source of Wealth

The origin of your financial standing or total net worth (e.g., how you have generated your wealth).

- Business income/earnings
- Business profits
- Compensation payment
- Controlled money account
- Corporate investments earnings
- Gift/Donation
- Insurance payment
- Investment income/earnings
- Liquidation of assets
- Mergers & Acquisitions
- Owns real estate/property
- Refused to answer
- Rental income
- Sale of assets
- Additional Sources (provide sources)

Share trading is a service provided by Australian Investment Exchange Limited ABN 71 076 515 930, AFSL 241400 (AUSIEX, the Participant, we, us, our), a wholly owned subsidiary of Nomura Research Institute, Ltd. ("NRI"). AUSIEX is a Market Participant of ASX Limited ("ASX") and Cboe Australia Pty Ltd ("Cboe"), a Clearing Participant of ASX Clear Pty Limited and a Settlement Participant of ASX Settlement Pty Limited.

## How to submit your documents

### Clients

Please provide your completed and signed form with relevant supporting documents to your adviser.

If you are required to send Original Certified Copies of documents please send via post to:

📍 **AUSIEX, Locked Bag 3005, Australia Square NSW 1215**

📞 1800 252 351    ✉ [service@ausiex.com.au](mailto:service@ausiex.com.au)    🌐 [ausiex.com.au](http://ausiex.com.au)

### Advisers

Lodge this form and all supporting documents  
**[ausiex.com.au](http://ausiex.com.au) > Administration > eSubmit**





## Appendix 1

### Additional Beneficial Owner, Controller or Trustee

Please copy and complete this form for each additional Beneficial Owner and additional Trustee not already mentioned in this application.

<input type="radio"/> Additional Beneficial Owner / Controller		<input type="radio"/> Additional Trustee	
<input type="radio"/> Mr	<input type="radio"/> Ms	<input type="radio"/> Mrs	<input type="radio"/> Miss
<input type="radio"/> Dr	<input type="radio"/> Other		

First name	Middle name/s	Surname	Date of birth – DD/MM/YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Other name/s commonly known by – *If applicable*

☐ Male ☐ Female

Street address – *Cannot be a PO Box*

Suburb	State	Postcode	Country – <i>If not Australia</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact number	Email address
<input type="text"/>	<input type="text"/>

### Identification – Choose one of the options below.

To meet our obligations with the *Anti Money Laundering/Counter-Terrorism Financing Act 2006 (Cth)*, we must identify customers before we provide a service. Please select one of the following:

<input type="radio"/>	<b>Option 1 – Existing customer</b> If you are an existing customer, please provide your Username or share trading account number below. Username/Share trading account number: <input type="text"/>
<input type="radio"/>	<b>Option 2 – New customer</b> Please attach two copies of primary ID such as Australian Driver Licence (both the front and back of the card), and Passport or Medicare card. See the ' <a href="#">Identification Documentation Requirements</a> ' list available from our website for more information. By selecting this option and providing copies of your ID, you consent to the electronic verification of your ID documents as outlined in the Declaration Section of this form.
<input type="radio"/>	<b>Option 3 – New customer</b> If you do not meet the criteria for Option 1 or Option 2 or you do not consent to your ID being electronically verified, please refer to the ' <a href="#">Identification Documentation Requirements</a> ' list available from our website. Please ensure the ID provided is <b>originally certified</b> .

## Declarations

1. The information I provided to you in this form is complete and correct.
2. The name of individual persons given in this form are true and correct and that the law prohibits the use of false names, as well as the giving or use of false documents in connection with an identification procedure.
3. That I consent to the collection, use and exchange of my personal information as set out in the Customer Information and Privacy sections of the Terms and Conditions for each product I/we are applying for.
4. AUSIEX is required by the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth)* to collect information about you and verify your identity before we can provide you with the services or products for which you've applied. If you selected 'Passport or Australian Driver Licence' as the method of ID in this form the following applies to you:
  - a. I consent to having electronic identification performed using personal details and identification documents.  
I have provided, and understand that providing false or misleading information about my identity is an offence under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth)*.
  - b. I consent to having my personal details and identification documents matched to information held by the issuer or Official Record Holder via third party systems.
  - c. I understand that my personal information will be exchanged with external organisations including: credit reporting agencies, Commonwealth and State government departments, independent and private sector organisations and outsourced providers who coordinate the electronic identification process and who may conduct additional matches against public or proprietary databases.
  - d. As part of the electronic identification process, I permit these external organisations to record, use and disclose my information in accordance with their own privacy policies and legal obligations. I understand that AUSIEX and its outsourced providers will access records held about me by these external organisations only for the purpose of matching the identifying information I have chosen to provide.
  - e. I consent to providing my name, address and date of birth to selected credit reporting agencies to match this information against their records.
  - f. I understand that this is done only for identity verification purposes as required by the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth)*.

You do not have to consent to electronic verification. If you do not want to be verified electronically, please contact us for alternative options of confirming your identity.

Full name

Date signed – DD/MM/YYYY

/

/

Signature – *Must be signed pen to paper*