

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

Mobile number

Home number – *Optional*

Work number – *Optional*

Tax File Number or Exemption Code – *Optional*

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

Tax File Number (TFN)

Job Category and Type

Refer to '[Job and Industry Classifications List](#)' available on our website.

Job Category

Job Type

Online Access – Complete this section if you require access and do not have an existing login

Password must be 6-16 characters long and must not contain the word 'password'. If you have an existing username this will be used.

Password

Identification – Choose one of the two identification options below.

- Option 1 – Passport or Australian Driver Licence**
 Attach a copy of two of the following items to this application: Passport, Australian Driver Licence, Medicare Card.
 By selecting this box 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.
- Option 2 – No Passport or Australian Driver Licence**
 If you do not have a Passport or Australian Driver Licence contact us for alternative options to confirm your identity.

Jump: [3. Company Details](#) | [4. Trust Details](#) | [5. CHESS Registration Address](#)

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

Residential Address Same as Applicant 1
 Postal Address Same as Residential Address

Residential Address *Street address – Cannot be a PO Box*
 Suburb State Postcode
 Country

Postal Address *Street address*
 Suburb State Postcode
 Country

Contact Details – *Must be applicant's details*

Email address
 Mobile number

Home number – *Optional*
 Work number – *Optional*

Tax File Number or Exemption Code – *Optional*

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

Tax File Number (TFN)

Job Category and Type

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

Job Category
 Job Type

Online Access – *Complete this section if you require access and do not have an existing login*

Password must be 6-16 characters long and must not contain the word 'password'. If you have an existing username this will be used.

Password

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

- Option 1** – *Passport or Australian Driver Licence*
 Attach a copy of two of the following items to this application: Passport, Australian Driver Licence, Medicare Card.
 By selecting this box 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.
- Option 2** – *No Passport or Australian Driver Licence*
 If you do not have a Passport or Australian Driver Licence contact us for alternative options to confirm your identity.

Additional Account Applicants

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

Jump: [3. Company Details](#) | [4. Trust Details](#) | [5. CHESS Registration Address](#) | [6. Settlement Options](#)

3. Company Details – If applicable

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

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"/>

Company Contact

Same as Applicant 1

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

Company Address

Registered Business Address

Same as Applicant 1

Street address – *Cannot be a PO Box*

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal Address

Same as registered address

Street address

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country		
<input type="text"/>		

Principal Place of Business

Same as registered address

Street address – *Cannot be a PO Box*

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country		
<input type="text"/>		

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?

Yes – Go to D and provide details

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?

Yes – Go to D and provide details

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.

Beneficial Owner / Controller 1 same as Applicant 1 **OR** fill out [Appendix 1](#)

Beneficial Owner / Controller 2 same as Applicant 2 **OR** fill out [Appendix 1](#)

Additional Beneficial Owners / Controllers

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

Jump: [5. CHESS Registration Address](#) | [6. Settlement Options](#)

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.

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?

Yes No

Is the Trust operating as a charity?

Yes No

If yes, what is the objective / purpose of the charity?

Trust Tax Details

ABN (Australian Business Number) – ## - ### - ### - ##

Tax File Number or Exemption Code - *Optional*

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 are category ‘Finance and Insurance’ and Type ‘Superannuation Funds’.

Trust industry category

Trust industry type

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

Postal Address

Same as Applicant 1
 Same as Company

Street address – *Cannot be a PO Box*

Suburb State Postcode

Country

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)), and one of the following supporting documents below:</p> <ul style="list-style-type: none"> • A notice from the ATO, such as a Notice Of Assessment, issued in the last 12 months; or • A Bank Statement from another financial institution from the last 12 months; or • A letter from the Legal Practitioner who prepared the Trust Deed confirming: <ul style="list-style-type: none"> • the Practitioner's details; • the full name of the trust; • the full name of all trustees; and • 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). <p>(Supporting documents do not need to be certified. Please submit the document copies via eSubmit.)</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.

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 Address

Same as Applicant 1 postal address

Same as Company postal address

Same as Trust postal address

Street address

Suburb

State

Postcode

Country

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* 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 1 – Passport or Australian Driver Licence' as the method of ID in this form 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*.
 - 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*.

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 Ltd (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 – DD / MM / YYYY / /

Signature – *Must be signed pen to paper*

Applicant/Director/Trustee 2 – If applicable

Full name Date – DD / MM / YYYY / /

Signature – *Must be signed pen to paper*

i 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 – 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.

2. 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,

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.

Brown Family A/C, Louise Brown (minor). Please ensure that your account designation matches that of your CHES registration name.

Share Trading is a service provided by Australian Investment Exchange Limited (AUSIEX, the Participant, we, us, our) ABN 71 076 515 930 AFSL 241400, a Market Participant of the ASX Limited and Chi-X Australia Pty Ltd, 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 🌐 ausiex.com.au

Advisers

Lodge this form and all supporting documents
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.

Additional Beneficial Owner / Controller Additional Trustee
 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

Street address – *Cannot be a PO Box*

Suburb State Postcode Country

Contact number Email address

Identification – Choose one of the two identification options below.

Option 1 – Passport or Australian Driver Licence
 Attach a copy of two of the following items to this application: Passport, Australian Driver Licence, Medicare Card.
 By selecting this box 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.

Option 2 – No Passport or Australian Driver Licence
 If you do not have a Passport or Australian Driver Licence contact us for alternative options to confirm your identity.

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* 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 1 - 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*.
 - 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*.
- 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 – DD / MM / YYYY

	/	/	/
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Signature – *Must be signed pen to paper*