

i This form is to be used when your Dealer Group joins us for the first time or to change your Dealer Group information. To ensure we set up your details correctly, please read and complete each section carefully. Any omissions may delay the set up of your Dealer Group. Please note all fields are mandatory to complete within each required section, unless otherwise specified.

This form uses JavaScript for optimal performance. Please ensure you have this enabled if completing electronically.

Refer to the end of this document for submission instructions.

1. Request Type – Please select one

- New business registration Change of existing business details - *Proceed to Section 3 if selected*

2. Service Selection – What service/s are you applying for?

- Equities Trading Services Initial Public Offerings (IPOs) Exchange Traded Options (ETOs) Warrants Trading

i For ETOs and Warrants trading, your AFSL must have authorisation to advise and deal in derivatives. Additionally, your advisers must have ADA2 certification to be able to trade ETOs and Warrants.

3. Dealer Group Information

<p>Dealer Group name</p> <input style="width: 100%;" type="text"/>	<p>AFSL number</p> <input style="width: 100%;" type="text"/>	
<p>ABN (Australian Business Number) – ## - ### - ### - ##</p> <input style="width: 100%;" type="text"/>	<p>ACN (Australian Company Number) – ### - ### - ##</p> <input style="width: 100%;" type="text"/>	
<p>Business Address</p>		
<p>Street address – <i>Cannot be a PO Box</i></p> <input style="width: 100%;" type="text"/>		
<p>Suburb</p> <input style="width: 100%;" type="text"/>	<p>State</p> <input style="width: 100%;" type="text"/>	<p>Postcode</p> <input style="width: 100%;" type="text"/>
<p>Country</p> <input style="width: 100%;" type="text"/>		
<p>Telephone</p> <input style="width: 100%;" type="text"/>		<p>Postal Address <input type="checkbox"/> Same as business address</p> <p>Street address</p> <input style="width: 100%;" type="text"/>
		<p>Suburb</p> <input style="width: 100%;" type="text"/>
		<p>State</p> <input style="width: 100%;" type="text"/>
		<p>Postcode</p> <input style="width: 100%;" type="text"/>
<p>Country</p> <input style="width: 100%;" type="text"/>		
<p>Administration email</p> <input style="width: 100%;" type="text"/>		<p>Email address</p> <input style="width: 100%;" type="text"/>
		<p>Website address</p> <input style="width: 100%;" type="text"/>

4. Dealer Principal Contact Information

Mr
 Ms
 Mrs
 Miss
 Dr
 Other

First name Preferred Name Surname Date of birth – DD / MM / YYYY / /

Position Title – *Optional*

Telephone

Mobile number Email address

Postal Address Same as Dealer Postal Address in Section 3

Street address

Suburb State Postcode Country

5. Compliance Manager Contact Information

Same as Section 4
 Mr
 Ms
 Mrs
 Miss
 Dr
 Other

First name Surname Position Title – *Optional* Date of birth – DD / MM / YYYY / /

Telephone

Mobile number Email address

6. Additional Authorised Dealer Group Signatories

This section allows additional signatories to provide instructions as outlined below.

 Access rights are subject to the terms and conditions provided at the end of this form.

The listed signatories below are able to provide the following instructions to AUSIEX:

1. Assign access rights and linkages to adviser files.
2. Change platform access codes for advisers/administration staff.
3. Revoke platform access for advisers/administration staff.
4. Transfer a client from one adviser to another.

You can choose to nominate an email authorised signatory or individual signatories, from whom we will accept instructions.

Dealer Email Authority Signatory

Email address – *Authorised signatory*

Any instruction received from this email would be taken as being on behalf of the Dealer.

AND/OR

Nominated Individual Signatory 1

- Mr
 Ms
 Mrs
 Miss
 Dr
 Other

First name	Surname	Position Title – <i>Optional</i>	Date of birth – <i>DD / MM / YYYY</i>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>

Telephone	Mobile number
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Email address

Signature – *Must be signed pen to paper*

Nominated Individual Signatory 2

- Mr
 Ms
 Mrs
 Miss
 Dr
 Other

First name	Surname	Position Title – <i>Optional</i>	Date of birth – <i>DD / MM / YYYY</i>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>

Telephone	Mobile number
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Email address

Signature – *Must be signed pen to paper*

 Please photocopy and complete this section to add additional authorised signatories, if required.

7. Dealer Group Admin Logins

This section provides nominated individuals with online access to all client accounts linked to advisers within the Dealer Group. Each nominated individual is able to view and download from our suite of online reports.

Dealer Group Admin Login 1

First name	Surname	Position Title – <i>Optional</i>	Date of birth – <i>DD / MM / YYYY</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Phone number			
<input type="text"/>			
Mobile number	Email address		
<input type="text"/>	<input type="text"/>		
Password			
<input type="text"/>			

Dealer Group Admin Login 2

First name	Surname	Position Title – <i>Optional</i>	Date of birth – <i>DD / MM / YYYY</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Phone number			
<input type="text"/>			
Mobile number	Email address		
<input type="text"/>	<input type="text"/>		
Password			
<input type="text"/>			

8. Fee and Commission Contact Information

Same as Section 4

Mr
 Ms
 Mrs
 Miss
 Dr
 Other

First name	Surname	Position Title – <i>Optional</i>	Date of birth – <i>DD / MM / YYYY</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Telephone		Mobile number	
<input type="text"/>		<input type="text"/>	
Email address - <i>This is your nominated email address to receive regular commission statements</i>			
<input type="text"/>			

9. Fee and Commission Payment Method

Fees and commissions (if applicable) will be paid directly into your Dealer Group bank account. Any fees owing to AUSIEX will be debited from this same bank account under the terms of the Dealer Group Agreement.

Please provide your Dealer Group bank account details below.

Name of Australian Financial Institution	Account Name
<input type="text"/>	<input type="text"/>
Bank State Branch (BSB)	Account Number
<input type="text"/>	<input type="text"/>

10. Documents Required

I/We have attached copies of the following documents:

<input type="checkbox"/>	Australian Financial Services License
<input type="checkbox"/>	Professional Indemnity Insurance Policy
<input type="checkbox"/>	Any other related policies, such as Fraud cover
<input type="checkbox"/>	Current certified Identification Documents (Australian Driver Licence or Passport) of the person/s signing this form

11. Declarations and Signatures

I/We declare and agree:

- the details provided are true and correct;
- to be bound by the Dealer Group Agreement as amended from time to time;
- the copy of Professional Indemnity Insurance Policy (PII) is current at the time of providing;
- to provide a copy of any subsequent PII Policy documents;
- to receive electronic communications where an email address has been provided;
- as Director/s of the Dealer Group named in Section 3 of this form, that the Company and all the Authorised Representatives of the Company are not carrying on and will not carry on an unregistered managed investment scheme, as defined in Section 601ED(4) of the Corporations Act 2001; and
- as Director/s of the Dealer Group named in section 3 of this form, that the receipt of fees and commissions (if applicable and as specified in any form of disclosure document issued by AUSIEX of a financial product) will not be paid to an Authorised Representative of the Company other than for the purposes as described in the relevant disclosure document and otherwise in accordance with the law.

To be signed by two Directors and/or Company Secretary, unless a sole director of a proprietary company.

Director 1

Full name Date – DD / MM / YYYY / /

Signature – *Must be signed pen to paper*

Director 2/Company Secretary

Full name Date – DD / MM / YYYY / /

Signature – *Must be signed pen to paper*

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 Cboe 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

Once completed and signed, please scan and email the form to AdviserServices@ausiex.com.au

 **AUSIEX**
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 Australia Square NSW 1215

 1800 252 351
 ausiex.com.au