# 1057

## AUSIEX

## **Dealer Services Application and Maintenance Form**

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This form is to be used when your Deadetails correctly, please read and compare mandatory to complete within each	olete each se	ection carefully. Any	omissions may delay the set up of ye			
This form uses JavaScript for optimal p			have this enabled if completing elec	tronically.		
1. Request Type – Please so New business registration			tails - Proceed to Section 3 if select	ted		
2. Service Selection – Wha	at service	e/s are you a	pplying for?			
Equities Trading Services	nitial Public (	Offerings (IPOs)	Exchange Traded Options	(ETOs)	Warra	nts Trading
For ETOs and Warrants trading, your A certification to be able to trade ETOs a			advise and deal in derivatives. Addit	ionally, your a	advisers must	have ADA2
3. Dealer Group Informati	on					
Dealer Group name			AFSL number			
ABN (Australian Business Number) – ## - #	## - ### - ##	##	ACN (Australian Company Numb	oer) – ### - #	## - ###	
Business Address			Postal Address	Sa	ame as busir	ess address
Street address – Cannot be a PO Box			Street address			
Suburb	State	Postcode	Suburb		State	Postcode
Country			Country			
Telephone			Email address			
Administration email			Website address			

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Mr	Ms	Mrs	Miss	O Dr	Other	
First name		Preferred N	ame	Surna	ame	Date of birth – DD / MM / YYYY
osition Title –	Optional					
Геlephone						
Mobile numbe				Ema	ail address	
Postal Addr Street address		Same as Dealer Po	estal Address in	Section 3		
Suburb				Sta	ate Postcode	Country
5. Compl		nager Conta	act Inform	nation		
Mr	Ms	Mrs	Miss	O Dr	Other	
First name		Surname		Posit	ion Title – Optional	Date of birth – DD / MM / YYYY
Telephone						
Mobile numbe				Ema	ail address	

### Additional Authorised Dealer Group Signatories

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

(i) 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.

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Dealer Emai	I Authority Signa	atory						
Email address -	- Authorised signator	/						
Any instruction	received from this	email would b	oe taken as bein	ıg on be	ehalf of th	ne Dealer.		
AND/OR								
Nominated I	Individual Signat	tory 1						
Mr	Ms (	Mrs	Miss	O Di	r	Other		
								Date of birth – DD / MM / YYYY
First name		Surname			POSITION	Title – Optional		Date of birth – DD / WiWi / TTTT
Telephone					Mobile r	numbor		, , , , , , , , , , , , , , , , , , ,
relephone					IVIODIIE I	iumbei		
Email address								
Signature – Mus	st be signed pen to p	aper						
		0						
	Individual Signat		O			0.01		
Mr	Ms (	Mrs	Miss	O Di	ſ	Other		
First name		Surname			Position	Title - Optional		Date of birth – DD / MM / YYYY
								/ /
Telephone					Mobile r	number		
Email address								
Liliali address								
Signature – Mus	st be signed pen to p	aner						
Oignature max	st be signed pen to p	αροι						
i Please ph	notocopy and complet	e this section to	o add additional a	uthorise	d signato	ries, if required.		
	Group Admii	_						
·	ovides nominated ir ed individual is able t						dvisers wit	thin the Dealer Group.
			OVVI IIOAU IIOIII C	on suite	, 01 01 1111 1	ο τσροπο.		
First name	p Admin Login 1	Surname			Position	Title – Optional		Date of birth – DD / MM / YYYY
i ii St Hallle		Suridifie			1-03111011	пис – Ориона		/ / / / / / / / / / / / / / / / / / /
								' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '

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Phone number			
Mobile number		Email address	
Password			
Dealer Group Admin	Login 2		
First name	Surname	Position Title – Optional	Date of birth – DD / MM / YYYY
Phone number			
Mobile number		Email address	
Password			
8. Fee and Com	mission Contact Info	ormation	
Same as Section 4  Mr  Ms	mission Contact Info	ss Other	Date of hirth - DD / MM / YVVV
Same as Section 4			Date of birth – DD / MM / YYYY
Same as Section 4  Mr  Ms	Mrs Miss	ss Other	Date of birth – DD / MM / YYYY
Same as Section 4  Mr  Ms  First name  Telephone	Mrs Miss	Position Title – Optional	Date of birth – DD / MM / YYYY
Same as Section 4  Mr  Ms  First name  Telephone  Email address - This is you  9. Fee and Comi Fees and commissions (if Any fees owing to AUSIE Terms of Trade.  Please provide your Deale	Surname  Surname  Trinominated email address to receive the same of applicable) will be paid directly X will be debited from this same er Group bank account details to the same of the sa	Position Title – Optional  Mobile number  eive regular commission statements  ethod  into your Dealer Group bank account. e bank account under the terms of the Deale below.	
Same as Section 4  Mr  Ms  First name  Telephone  Email address - This is you  9. Fee and Comi Fees and commissions (if Any fees owing to AUSIE Terms of Trade.	Surname  Surname  Trinominated email address to receive the same of applicable) will be paid directly X will be debited from this same er Group bank account details to the same of the sa	Position Title – Optional  Mobile number  eive regular commission statements  ethod  into your Dealer Group bank account. e bank account under the terms of the Deale	



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10.	Do	cum	ents	Rec	uire	d
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I/We have attached copies of the following	documents:
Australian Financial Services License	
Professional Indemnity Insurance Policy	,
Any other related policies, such as Frau	d cover
Dealer Group Agreement and/or Dealer	Terms of Trade
Current certified Identification Documer	nts (Australian Driver Licence or Passport) of the person/s signing this form

#### 11. Declarations and Signatures

I/We declare and agree:

- 1. the details provided are true and correct;
- 2. to be bound by the Dealer Group Agreement and/or Dealer Terms of Trade attached, or as amended from time to time;
- 3. the copy of Professional Indemnity Insurance Policy (PII) is current at the time of providing;
- 4. to provide a copy of any subsequent PII Policy documents;
- 5. to receive electronic communications where an email address has been provided;
- 6. 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
- 7. 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		Director 2/Company Secretary	
Full name	Date – DD / MM / YYYY	Full name	Date – DD / MM / YYYY
Signature – Must be signed pen to paper	/ / /	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 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

Once completed and signed, please scan and email the form to 

✓ AdviserServices@ausiex.com.au

AUSIEXLocked Bag 3005Australia Square NSW 1215

1800 252 351

ausiex.com.au