



CLIENT APPLICATION FORM

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All transactions are executed and cleared by FinClear Services Pty Ltd (FinClear Services) ABN 60 136 184 962 AFSL No 338264 GPO Box 5343 Sydney NSW 2001

Please ensure you have read and understood:

- FinClear Equities Terms and Conditions (Part C)
- FinClear Explanation of CHESS Sponsorship (Part D)
- FinClear Direct Debit Request and Service Agreement (Part E)
- FinClear Privacy Policy and Client Statement (Part F)
- FinClear Financial Services Guide (FSG) (Part G)

In order to process your Application, we will need:

- Completed and signed Client Application Form (Part A)
- Completed and signed Broker to Broker Transfer Authority Form – Equities (Part B)

General Instructions:

- Print in clear BLOCK LETTERS
- If you make a mistake, cross it out and initial the changes. Please do not use correction fluid.

FINCLEAR USE ONLY:

Account Number:

HIN:

INTERMEDIARY USE ONLY:

Equities Advisor Code:

CXA

Equities Brokerage:

Load Praemium Identifier

YES / NO

Link Live Banking (MMKT)

YES / NO

By signing below, the Intermediary acknowledges that it has:

- (a) undertaken, in respect of the Client and in a manner which is satisfactory to FinClear, the applicable customer identification and verification procedures required under the AML/CTF Law
- (b) received and retained the original signed Sponsorship Agreement (if the Client has agreed to be CHESS Sponsored in Part A Section 11)
- (c) verified the signature on the Application Form, and confirm that it matches the Applicant's Identification documents

Name:

Signature:

Date:

IDENTIFICATION REQUIREMENTS

Under the Anti-Money Laundering and Counter-Terrorism Financing (**AML/CTF**) legislative regime, due diligence must be conducted on any prospective client before certain services may be provided. The due diligence includes verifying a prospective client's identity. Applications made without providing this information cannot be processed. The AML/CTF compliance program will also include ongoing customer due diligence and reporting of suspicious matters to AUSTRAC as necessary. This may require the Intermediary and/or FinClear to collect further information.

INDIVIDUALS / COMPANY DIRECTORS / TRUSTEE

Please provide certified copies of one Primary Photographic Documents (List A) **OR** one document from the Primary Non-Photographic list (List B) **AND** Secondary Identification list (List C) for **EACH** individual.

A – Photographic Identification

- Current photographic Australian driver's licence
- Current Australian passport
- Current State or Territory photo ID card
- Current foreign passport^①
- Current foreign driver's licence with photograph & date of birth^①

B – Non Photographic Identification

- Birth certificate or birth extract issued by a State or Territory
- Commonwealth citizenship certificate
- Centrelink Pension card
- Health Care card issue by Centrelink
- Foreign citizenship certificate or birth certificate^①

C – Secondary Identification

- Commonwealth, State and Territory financial benefits notice (less than 12 months old)
- Local government or utilities provider bill (less than 3 months old) recording provision of services to the person at the address
- Notice issued within the last 3 months by school principal for a person under 18, recording period of time person attended school and person's residential address
- ATO Tax notice (less than 12 months old)

^① Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

COMPANY

If you are an Australian company or Corporate Trustee, you need to provide the following documents:

- A full company search of the ASIC database showing:
 - a. the full name of the company;
 - b. the ABN/ACN;
 - c. company type;
 - d. the registered office address of the company;
 - e. the principal place of business of a company;
 - f. the names of each director of the company (only for a proprietary company);
 - g. the name and date of birth of each beneficial owner (non-listed company)
- If the company is a regulated company, a search of the licence or other records of the relevant Commonwealth, State or Territory regulator;
- If the company is listed, a search of the relevant financial market.
- Certified Identification for each director as per requirement for Individuals
- Certified Identification for each beneficial owner as per requirement for Individuals or Company (25% or more ownership)

If you are a Foreign company or Corporate Trustee, you need to provide the following company documents showing:

- a. ARBN or foreign registration number
- b. the names of each director of the company (only for a proprietary company);
- c. registration of the company by a foreign registration body;
- d. Whether the company is private or public;
- e. the name and date of birth of each beneficial owner (non-listed company)
- Certified Identification for each director as per requirement for Individuals
- Certified Identification for each beneficial owner as per requirement for Individuals or Company (25% or more ownership)

TRUST / SUPERANNUATION FUND

If you are a registered managed investment scheme, an unregistered managed investment scheme with wholesale clients only (which does not make small-scale offerings under section 1012E), a regulated trust (e.g. SMSF) or government superannuation fund provide the certified copy or certified extract of the trust deed, ATO or ASIC documents showing:

- a. full name of the trust;
- b. that the trust is a registered scheme, regulated trust or superannuation fund;
- c. type of trust;
- d. the country in which the trust was established;
- e. the full business name (if any) of the trustee in respect of the trust.

If you are opening an account for Other Trust Types (e.g. family, unit, charitable, estate, etc) provide a certified copy or extract of Trust deed showing:

- a. full name of the trust;
- b. the type of trust;
- c. the country in which the trust was established;
- d. the full business name (if any) of the trustee in respect of the trust;
- e. Full name of beneficial owners or trust membership class ;
- f. Name of the Settlor of the trust
- g. Name of all the trustees

Identification requirements -

- a. information relating to all trustees as per "individual" or "company" identification procedure;
- b. information relating to all beneficial owners as per "individual" or "company" identification procedure;
- c. information relating to settlor of the trust as per "individual" or "company" identification procedure.

PART A

1. INDIVIDUAL / JOINT (Please complete this section using your full name. Initials will not be accepted.)

Individual 1

Title	<input type="text"/>	Date of Birth	<input type="text"/>
Given Name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Tax File Number (TFN)	<input type="text"/>		
Country of Birth	<input type="text"/>	Country of Citizenship or lawful permanent residency	<input type="text"/>

Individual 2

Title	<input type="text"/>	Date of Birth	<input type="text"/>
Given Name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Tax File Number (TFN)	<input type="text"/>		
Country of Birth	<input type="text"/>	Country of Citizenship or lawful permanent residency	<input type="text"/>

Individual 3

Title	<input type="text"/>	Date of Birth	<input type="text"/>
Given Name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Tax File Number (TFN)	<input type="text"/>		
Country of Birth	<input type="text"/>	Country of Citizenship or lawful permanent residency	<input type="text"/>

2. COMPANY DETAILS

Company Name	<input type="text"/>		
ABN / ACN	<input type="text"/>	Country of Incorporation	<input type="text"/>
Company Type	<input type="checkbox"/> Proprietary <input type="checkbox"/> Public	Number of Directors	<input type="text" value="0"/>
ARBN or foreign registration number	<input type="text"/>	Registration Body	<input type="text"/>
Tax File Number (TFN)	<input type="text"/>		

DIRECTORS DETAILS

If there are additional Directors, please supply details on a separate page

Director 1	Title	<input type="text"/>	Given Name(s)	<input type="text"/>
	Surname	<input type="text"/>	Date of Birth	<input type="text"/>
	Country of Birth	<input type="text"/>	Country of Citizenship or lawful permanent residency	<input type="text"/>
Director 2	Title	<input type="text"/>	Given Name(s)	<input type="text"/>
	Surname	<input type="text"/>	Date of Birth	<input type="text"/>
	Country of Birth	<input type="text"/>	Country of Citizenship or lawful permanent residency	<input type="text"/>
Director 3	Title	<input type="text"/>	Given Name(s)	<input type="text"/>
	Surname	<input type="text"/>	Date of Birth	<input type="text"/>
	Country of Birth	<input type="text"/>	Country of Citizenship or lawful permanent residency	<input type="text"/>

Beneficial Owners**If there are additional Beneficial Owners, please supply details on a separate page**

List individuals who, whether directly or through other companies or trusts, own 25% or more of the Company

Owner 1	Title	<input type="text"/>	Given Name(s)	<input type="text"/>
	Surname	<input type="text"/>	Date of Birth	<input type="text"/>

Residential Address (PO Box is not acceptable)

Street Address	<input type="text"/>		
State	<input type="text"/>	Post Code	<input type="text"/>
		Country	<input type="text"/>

Owner 2	Title	<input type="text"/>	Given Name(s)	<input type="text"/>
	Surname	<input type="text"/>	Date of Birth	<input type="text"/>

Residential Address (PO Box is not acceptable)

Street Address	<input type="text"/>		
State	<input type="text"/>	Post Code	<input type="text"/>
		Country	<input type="text"/>

Owner 3	Title	<input type="text"/>	Given Name(s)	<input type="text"/>
	Surname	<input type="text"/>	Date of Birth	<input type="text"/>

Residential Address (PO Box is not acceptable)

Street Address	<input type="text"/>		
State	<input type="text"/>	Post Code	<input type="text"/>
		Country	<input type="text"/>

3. TRUST / SUPERANNUATION FUND DETAILS

Name of Trust	<input type="text"/>		
Tax File Number (TFN)	<input type="text"/>		
ABN / ARBN	<input type="text"/>	Country of Establishment	<input type="text"/>
Type of trust	<input type="text"/>	Business name of the trustee	<input type="text"/>
Name of the Settlor	<input type="text"/>	Date of birth of the Settlor	<input type="text"/>

Beneficial Owners**If there are additional Beneficial Owners, please supply details on a separate page**

Beneficial Owner 1	Full Name	<input type="text"/>	Date of Birth	<input type="text"/>
Beneficial Owner 2	Full Name	<input type="text"/>	Date of Birth	<input type="text"/>
Beneficial Owner 3	Full Name	<input type="text"/>	Date of Birth	<input type="text"/>

4. ACCOUNT DESIGNATION

Trust Name, Superannuation Fund Name, Minor (child) details. Must not be more than 28 characters.

Designation	<input type="text"/>	A / C
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5. CONTACT DETAILS

Please provide at least one contact number for the account.

Business Number	<input type="text"/>	Home Number	<input type="text"/>
Mobile Number	<input type="text"/>	Fax Number	<input type="text"/>
Email Address	<input type="text"/>		

The email address noted above will be used for Electronic Confirmations. If additional copies are required, please complete section 10

6. ADDRESS DETAILS

Residential Address / Registered Office Address for Companies (PO Box is not acceptable in the Residential Address Field)

Residential Address 1

Street Address (including Suburb)

State Post Code Country

Postal Address Same as above

Postal Address (including Suburb)

State Post Code Country

Registration Address

If no registration address is noted, your postal address will be used for your registration address.

Registration Address (including Suburb)

State Post Code Country

Residential Address 2

Street Address (including Suburb)

State Post Code Country

Residential Address 3

Street Address (including Suburb)

State Post Code Country

7. AUTHORISED AGENT

If you wish to authorise a third party to operate your account, please complete the below details. Until you notify us in writing that the authority has been revoked, the following person is authorised to act on your behalf, including giving dealing and other instructions, information and requests and/or receive account information.

Title Date of Birth

Full Name

Street Address (including Suburb)

Country of Birth Country of Citizenship or lawful permanent residency

Position Held Phone Number

Do you have Power of Attorney or signatory authority granted to a person with a U.S. address? Yes No

Signature of Authorised Agent

8. AUSTRALIAN TAX FILE NUMBER OR EXEMPTION

Quotation of your Australian tax file number(s) (TFN) in this form is optional.

FinClear is an Australian financial service licensee that is authorised by law to request your TFN. You are not required to provide your TFN and failing to provide your TFN to FinClear is not an offence. If FinClear is unable to quote your tax file number or exemption to registries, it may be obliged to take tax at the highest marginal rate from any dividends, distributions, interest and payments to which you are entitled. Accordingly, failing to provide your TFN or not permitting FinClear to quote it in relation to an investment may have taxation consequences. You may wish to seek independent advice in this regard.

By providing a TFN and signing the Application Form you:

- (a) appoint FinClear as your agent and request and authorise FinClear to;
 - (i) provide your Tax File Number to all investment bodies with whom FinClear acts on your behalf;
 - (ii) apply your TFN to any investment or account which you may in future make or open with or through FinClear (and their related bodies corporate) to which your TFN may lawfully be applied; and

- (b) acknowledge that this authority will apply until such time as it is revoked in writing to FinClear.

Despite the other terms in this section, you may instruct FinClear in writing at the time of making an investment, not to quote your TFN in relation to that investment.

9. STATUS OF APPLICANT

Are any of the Applicants, Directors, Responsible Officials, Partners, Authorised Representatives, Trustees, Beneficial Owners or any other Beneficiaries of this Account:

- (a) affiliated with any other Participant of ASX Group; ASX Listed Company, a government official; government entity, or having dealings with a government official or any government related entity of any country?

Yes No If Yes, please provide details

10. DELIVERY DETAILS FOR TRADE CONFIRMATIONS

Authorisation of the electronic dispatch of confirmations.

The authorisation and agreement in this section apply if you have provided an e-mail address for the despatch of trade confirmations and signed the Application Form. By doing so you authorise confirmations to be dispatched electronically to:

- (a) you at the e-mail address provided in Section 5
(b) another person or organisation (as your agent) to whom you have authorised FinClear to send electronic confirmations, at the e-mail address provided in the Application Form.

Additional Copies of Confirmation Notes:

FinClear cannot send your trade confirmations to a third party; however the third party can be provided with a copy of your trade confirmation. If additional copies are required please provide e-mail details:

Additional e-mail

Additional e-mail

Confirmations via Post

Postal Address

11. CHESS SPONSORSHIP

In order to complete this section, you should refer to the Explanation of CHESS Sponsorship Agreement and the FinClear Sponsorship Agreement in Part D of this document.

Would you like FinClear to establish a new Sponsored HIN? Yes No

If a new HIN is being Issued, would you like to convert its Issuer Sponsored holdings of financial products to its FinClear HIN? Yes No
Please attach current copies of Issuer Sponsored Statements for all financial products being converted

Would you like to transfer an existing HIN from another broker/sponsor? Yes No
If yes, please complete the **Broker to Broker Transfer Authority** Form in Part B (page 8)

12. DVP SETTLEMENT

Would you like to settle your transactions via a third party settlement participant (i.e. non CHESS sponsored/DVP/Margin Lending)? Yes No

If yes, please confirm Participant Name PID HIN

Email Address / Fax Number for Confirmation Notes - Trade Confirmations will be sent to the third party settlement participant

13. DIRECT DEBIT / CREDIT AUTHORITY

In order to complete this section, the Applicant should refer to FinClear's Direct Debit Request & Service Agreement [PART E]. For Direct Debits all bank account holders must sign this section. To link as Money Market account a Third Party Authority with the Cash Account provider must have been completed

Default/Nominated Bank Account The Applicant authorises FinClear to directly credit/debit* the Nominated Bank Account

*Please tick applicable box: Credit Debit Both MMKT

Financial Institution Name: Country of Financial Institution

Account Name

BSB Account Number

Bank Account Holder 1 Name Signature Date

Bank Account Holder 2 Name Signature Date

Bank Account Holder 3 Name Signature Date

14. INCOME DIRECTION

Please tick if applicable

- I / we will be CHESS Sponsored by FinClear and I/we authorise CHESS and FinClear severally to advise the relevant Issuer or its nominee to pay by direct credit to the Nominated Bank Account(s) (as specified in Section 13 of this Application Form) all cash dividends, distributions, interest or income payable referable to my/our HIN.

By ticking this box, whenever you purchase financial products which are CHESS sponsored by FinClear, FinClear will pass your banking details via CHESS to the issuer's share registry. This instruction will override all previous instructions you may have given FinClear or the relevant issuer. This instruction only applies to holdings sponsored by FinClear in CHESS. For other holdings, contact the Issuer directly. All cash dividends paid for financial products held under your HIN will be directed into the Nominated Bank Account specified in Section 13 of this Application Form. Note that by providing this instruction, it may override your participation in any existing Dividend Reinvestment Plans (DRP) or Bonus Share Plans. There are also no guarantees that all share registries will accept these instructions from FinClear.

15. ACKNOWLEDGEMENTS

The Applicant acknowledges that it has received, read and understood **the** following documentation:

- (a) FinClear Explanation of CHESSE Sponsorship Agreement [Part D] (if the Client has agreed to be CHESSE Sponsored in Part A Section 11)
- (b) FinClear Financial Services Guide [Part G]

16. AGREEMENT TO BE BOUND BY DOCUMENTATION

By signing the application form below, the Applicant acknowledges that it has received and read, and the Applicant agrees to be bound by, the following documentation

- (a) FinClear Equities Terms and Conditions [Part C]
- (b) FinClear Sponsorship Agreement [Part D] (if the Client has agreed to be CHESSE Sponsored in Part A Section 11)
- (c) FinClear Direct Debit Request and Service Agreement [Part E] (if the Client has provided FinClear with Direct Debit Authority in Part A Section 13)
- (d) FinClear Privacy Policy and Client Statement [Part F]
- (e) Authorisation for electronic confirmations [Part A: Section 10 of Client Application Form] (if applicable)
- (f) Tax File Number Details [Part A: Section 8 of the Client Application Form]

17. INDIVIDUAL CLIENTS TO COMPLETE

Individual (1): Full name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Individual (2): Full name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Individual (3): Full name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

18. CORPORATE / COMPANY CLIENTS TO COMPLETE

(Please note that two Directors or a director and a Secretary must sign. Indicate if the Company is a Sole Director/Sole Secretary Company.)

Name of Company: (please print)		
Director : Full name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Director / Secretary: Full name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION

By signing this application form, you agree, represent and warrant that you:

- Agree to be bound by the terms and conditions contained within the application.
- Are over the age of 18 years and not of any legal disability.

FINCLEAR USE ONLY:

Upon acceptance of this application and the opening of an Account for the Applicant by FinClear (and if the Applicant has agreed to be CHESSE sponsored, upon the issue of a HIN), FinClear will be taken to have agreed to be bound by (and for the CHESSE sponsorship agreement, to have signed) the following documentation:

- | | |
|---|--|
| (a) FinClear Sponsorship Agreement | (c) FinClear Equities Terms and Conditions |
| (b) FinClear Direct Debit Request and Service Agreement | (d) Privacy Policy and Client Statements |

PART B: BROKER TO BROKER TRANSFER AUTHORITY FORM - EQUITIES

Please complete this section of the form if you wish to transfer securities from another Sponsoring Broker to FinClear Services Pty Ltd (FinClear).

Important: PLEASE ATTACH A COPY OF YOUR LATEST CHESS HOLDING STATEMENT

1. FINCLEAR ACCOUNT DETAILS

Account Number

Account Name

2. DETAILS AT EXISTING SPONSORING BROKER

For your transfer to be successful, your registration details (i.e. your name and address) on this form must agree with the details on your account with FinClear. If not, you will need to advise your existing Sponsoring Broker of any changes before we can process this transfer.

Please ensure that the details supplied below match the details recorded on your latest CHESS Holding Statement

Registered Name

Account Designation or Trust e.g. <X & Y Superfund A/c>

Registered Address

Name of existing Broker

HIN at existing Broker

Existing Broker Account Number

Existing Broker PID

Please select one option:

- Please transfer HIN (and all holdings) from existing broker to FinClear (PID 1792); **or**
 Please transfer only those holdings listed below from existing broker to FinClear (PID 1792)

SECURITIES TO BE TRANSFERRED (Attach a separate sheet if additional securities are required to be transferred)

ASX CODE	SECURITY NAME (E.g. BHP Limited)	QUANTITY (No. Of Shares)

Agreement:

CHESS Sponsorship: Sponsor me/us into the CHESS Settlement Facility in accordance with FinClear's CHESS Sponsorship Agreement terms and conditions. I/we authorise FinClear to transfer the existing HIN and all holdings or the above listed Holdings to my/our FinClear account and we agree to be bound by FinClear's Sponsorship Agreement terms and conditions.

If the registration details that are being transferred to FinClear do not match the details supplied on FinClear's CHESS Sponsorship Agreement, I hereby authorise FinClear to amend the Registration details to match the FinClear CHESS Sponsorship Agreement.

Signature of Security Holders Requesting Transfer (all security holders must sign):

Full Name Signature Date

Full Name Signature Date

Full Name Signature Date

*ALL ACCOUNT HOLDERS MUST SIGN. FOR COMPANY ACCOUNTS, SIGN IN ACCORDANCE WITH THE COMPANY'S CONSTITUTION

FINCLEAR USE ONLY

SPONSORSHIP AGREEMENT RECEIVED INITIALS _____ DATE _____