



Ù " ã " ÁGF " É Š " ç " | ÁGÉ FF ÁP æ $\{$ å $\}$ " $\{$ $\}$ ÁÙ $\}$ " AÛ $\}$ " AQV (ÂÜ (&) DÍD Ù Y ÁGE E E CÁÚ () A () A () AQV () A

,,,È[&•^&`¦ããã\•È&[{

Account Opening Form

ACCOUNT DETAILS

| Туре | | | |
|-------------------|-------------|---------|---------------------------|
| COMPANY DETAILS | 3 | | |
| Legal Entity Name | | | |
| ABN | | | ACN |
| TFN | | | |
| Contact Name | | | |
| Contact Email | | | |
| Contact Phone | | | |
| Street Address | | | |
| | Postcode | Country | |
| Country of Est | tablishment | | Country of Effective Mgmt |

Account Opening Form

Company Type Public (companies whose name does NOT include the word Pty or proprietary; generally

listed companies)

Proprietary (companies whose name ends with Proprietary Ltd or Pty Ltd; also known as

private companies)

NOTE: Please ensure ALL Director details are completed in the section below

Shareholder Details: Please provide full name and residential address of each individual client who owns, through one or more shareholdings, more than 25% of the issued capital of the Company

SHAREHOLDER 1.

Title Given Names

Surname

Residential Address

Postcode Country

SHAREHOLDER 2.

Title Given Names

Surname

Residential Address

Postcode Country

Australian Tax Entity Yes No

If no, please specify the country of tax residence

If no, please specify the GIIN

| CLIENT 1 | | | | | | |
|--|-----------------------------|---------|-----|----------|--------|--|
| Type of Applicant | | | | | | |
| Salutation | | | | | | |
| Given Names | | | | | | |
| Surname | | | | | | |
| Date of Birth | Country of Birth | | | | | |
| Tax File Number | | | | | | |
| Email | | | | | | |
| Phone | | Work | | | Mobile | |
| Occupation | | | | Industry | | |
| Street Address | | | | | | |
| | Postcode | Country | | | | |
| Postal Address (if different) | | | | | | |
| | Postcode | Country | | | | |
| Are you a resident of | Australia for tax purposes? | | Yes | No | | |
| If no, please specify the country of tax residence | | | | | | |
| If no, please specify | your country's TIN | | | | | |

CHESS REGISTRATION

Account Name

Designation <

| Address | | | |
|---|--------------------------|-------------------------------|--------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | Postcode |
| Before completing this section years | | | orship in FinEx's CHESS Sponsorship |
| Select one of the following op | tions: | | |
| NEW CHESS SPONSORS | SHIP | | |
| Tick this box if you would like Fir sponsoring broker. | nClear Execution Ltd (Fi | nEx) to establish a new SP0 | DNSORED HIN and act as your CHESS |
| TRANSFER YOUR EXIST | ING CHESS SPONSOF | RSHIP FROM ANOTHER BE | ROKER |
| By ticking this box, you appoint I to FinClear Execution Ltd. | FinClear Execution Ltd t | o act as your agent to transf | er your existing CHESS sponsored HIN |
| Name of existing Broker | | | |
| PID | | HIN | |
| Account Name | | | |
| Designation < | | | ; |
| Street Address | | | |
| State | Postcode | Country | |
| ISSUER SPONSORED | | | |
| | | | |
| Name of Counterparty | | | |
| PID | | HIN/Acco | unt No |
| INDIVIDUAL: FULL NAME | | SIGNATURE | DATE |
| INDIVIDUAL (2): FULL NAME | | SIGNATURE | DATE |
| INDIVIDUAL (3): FULL NAME | | SIGNATURE | DATE |
| | | | |

CASH SETTLEMENT

| Λ | Dofault/N | ominated | Bank | Account |
|----|-----------|----------|------|---------|
| Α. | Detauit/N | ominated | Bank | Account |

Settlement Type

CMT Fund

Account Name

BSB Account Number

Pay Gen Method

Rec Gen Method

Direct Debit Authority Default Payment Default Receipt Auto Contra

B. Non Default Bank Account (only complete if required for Dividend purposes)

Financial Institution Name

Account Name

BSB Account Number

C. Non Default Bank Account (only complete if required for Dividend purposes)

I/we request that FinEx provide the Default/Nominated Bank Account (as specified in Section 3A above) to all share registers where available, for the purposes of dividends.

I/we request that FinEx provide the Non Default Bank Account (as specified in section 3B above) to all share registries where available, for the purposes of dividends.

INDIVIDUAL/DIRECTOR (1): FULL NAME SIGNATURE DATE

INDIVIDUAL/DIRECTOR (2): FULL NAME SIGNATURE DATE

Declaration

If you have elected to authorise FinEx's Third Party Clearer to direct debit your Nominated Bank Account and by signing this Direct Debit / Credit Authority Form, you agree to be bound by the Third Party Clearer's Direct Debit Terms and Conditions and the Direct Debit Request Service Agreement.

FINANCIAL SERVICE PROVIDER AUTHORITY

I / we hereby appoint the following as our Financial Services Provider (FSP) and authorise them to speak to and provide instructions to FinEx on our behalf in relation to our FinEx account

| FSP Name | | | |
|-------------|--|--|--|
| FSP Address | | | |

To be completed by the FSP:

FSP Authorised Person Full Name

Adviser Group AFSL

FinEx Adviser Code

By signing below, I declare on behalf of the FSP:

- that the Client has received FinEx's Terms of Trade which includes its Terms and Conditions, FinEx CHESS
 Sponsorship Agreement, FinClear's Disclosure Statement, the Direct Debit Request Service Agreement, FinEx's FSG,
 and FinClear's FSG;
- that I/we have accepted the appointment as FSP by the Client;
- that before the Client appointed me/us as their FSP and authorised me/us to access FiNEx's services on their behalf, I/we have explained to the client(s) the limited scope of FinEx's and FinClear's service;
- confirm that I/we have made the client(s) aware that I/we do not and will not represent or act on behalf of FinEx or FinClear; and
- that I/we have carried out the customer identification procedure required by FinEx in respect of the Client(s) and have complied with the relevant obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) and that we will retain a copy of the customer identification documents and provide them upon request to FinEx

| Signature of Authorised Representative of FSP | Date |
|---|------|
| | |
| | |
| | |

Position / Title of FSP Authorised Representative

TRADE CONFIRMATIONS

Authorisation of the dispatch of Trade Confirmations (previously Contract Notes) via e-mail

By completing this section and providing an e-mail address for the despatch of Trade Confirmations you authorise Trade Confirmations to be dispatched electronically. FinEx will arrange for a copy of your Trade Confirmations to be sent to your FSP. If you would like additional copies to be sent to other parties, please provide the email address/es below

CLIENT ACKNOWLEDGEMENT & AGREEMENT

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

- a) FinEx's Explanation of CHESS Sponsorship Agreement [Part B of the FinEx Terms of Trade]
- b) FinEx's Financial Services Guide [Part E of the FinEx Terms of Trade]
- c) FinClear's Financial Services Guide [Part F of the FinEx Terms of Trade]

By signing the below, the Client acknowledges that they have received and read, and the Applicant agrees to be bound by, the following documentation

a) FinEx Equities Terms and Conditions [Part A of the FinEx Terms of Trade]

Quotation of your Australian tax file number(s) (TFN) is optional

FinEx is authorised by law to request your TFN. You are not required to provide your TFN and failing to provide your TFN to FinEx is not an offence. If FinEx is unable to quote your tax file number or exemption to registries, you may be taxed 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 FinEx to quote it in relation to an investment may have taxation consequences. By providing a TFN and signing this Application Form you:

- a) appoint FinEx as your agent and request and authorise FinEx to;
 - i) provide your TFN to all investment bodies with whom FinEx acts on your behalf;
 - ii) apply your TFN to any investment or account which you may in future make or open with or through FinEx (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 FinEx.

By signing the below, the Client acknowledges and that they have provided the FSP with all relevant customer identification documents that are required to positively identify them.

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.)

| DIRECTOR: FULL NAME | SIGNATURE | DATE |
|-----------------------------------|-----------|------|
| DIRECTOR/SECRETARY: FULL NAME | SIGNATURE | DATE |
| DIRECTOR/SECRETARY (2): FULL NAME | SIGNATURE | DATE |
| DIRECTOR/SECRETARY (3): FULL NAME | SIGNATURE | DATE |

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.

Further current Finclear services terms can be found in this link: https://finclear.com.au/wp-content/uploads/2024/02/FinEx-Terms-of-Trade-FinClear-Services-as-Clearer-1.pdf