



ACCOUNT DETAILS

CLIENT 1

P. 1 of 6

CLIENT 2

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 you should refer to the Explanation of CHESS Sponsorship in FinEx's CHESS Sponsorship Agreement (contained in Part B of the FinEx Terms of Trade)

Select one of the following options:

NEW CHESS SPONSORSHIP

Tick this box if you would like FinClear Execution Ltd (FinEx) to establish a new SPONSORED HIN and act as your CHESS sponsoring broker.

TRANSFER YOUR EXISTING CHESS SPONSORSHIP FROM ANOTHER BROKER

By ticking this box, you appoint FinClear Execution Ltd to act as your agent to transfer your existing CHESS sponsored HIN to FinClear Execution Ltd.

Name of existing Broker

PID

HIN

Account Name

Designation <

>

Street Address

State

Postcode

Country

ISSUER SPONSORED

DVP

Name of Counterparty

PID

HIN/Account No

INDIVIDUAL: FULL NAME

SIGNATURE

DATE

INDIVIDUAL (2): FULL NAME

SIGNATURE

DATE

CASH SETTLEMENT**A. Default/Nominated 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 CHESSE 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.

INDIVIDUAL CLIENTS TO COMPLETE

INDIVIDUAL (1): FULL NAME	SIGNATURE	DATE
INDIVIDUAL (2): FULL NAME	SIGNATURE	DATE
INDIVIDUAL (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.