



## B. INDIVIDUAL CLIENT #2 / DIRECTOR #2

Your name must match your ID exactly. Date of Birth is required as part of the AML Identification Requirements

Title  Applicant / Trustee  Director (Tick One Only)

Given Names:

Surname:

Residential  
Address:  
(Not PO Box)

State: Postcode: Country:

Postal Address:  If different to above

State: Postcode: Country:

Telephone: [H] [W] [M]

Email Address:

Date of Birth: Country of Birth:

Occupation:

Tax File Number:

## C. INDIVIDUAL CLIENT #3 / DIRECTOR #3

Your name must match your ID exactly. Date of Birth is required as part of the AML Identification Requirements

Title  Applicant / Trustee  Director (Tick One Only)

Given Names:

Surname:

Residential  
Address:  
(Not PO Box)

State: Postcode: Country:

Postal Address:  If different to above

State: Postcode: Country:

Telephone: [H] [W] [M]

Email Address:

Date of Birth: Country of Birth:

Occupation:

Tax File Number:

**D. COMPANY / CORPORATE CLIENT**

Company Name:

ABN/ACN/ARBN:

Country of Incorporation:

Registered Office  
Address:

State:

Postcode:

Country:

Postal Address:

If different  
to above

State

Postcode:

Country:

No. of Directors:

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 Section 1 Part 2. Account Details**Shareholder Details:** Please provide full name and residential address of each individual 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:

State:

Postcode:

Country:

**SHAREHOLDER 2.**

Title

Given Names:

Surname:

Residential Address:

State:

Postcode:

Country:

**SHAREHOLDER 3.**

Title

Given Names:

Surname:

Residential Address:

State:

Postcode:

Country:

## E. TRUSTEE / SUPERANNUATION CLIENT

If you are applying as a corporate trustee, please also complete section 2D above. If you are applying as an individual/joint trustee, please also complete Section 2A/B/C above.

Name of Trust:

ABN/ARSN:

TFN:

If this is for the trust, it should be ABN and ARSN only. A trust cannot have an ACN or ARBN. The ACN for the trustee will be picked up in 2A, B, or C above as appropriate

Country of Establishment:

Business Name  
of the Trustee:

If any

Type of Trust (please one box only):

Registered managed investment scheme

Govt superannuation fund

Regulated Trust (e.g. SMSF)

Unregistered managed investment scheme with only wholesale clients which does not make small scale offerings under section 1012E of the Corporations Act 2001 (Cth)

Other (please specify eg/ Family, Unit, Charitable, Estate)

Is the trust an Australian resident for tax purposes?    Yes    No

If no, please specify country of tax residence:

## F. APPOINTEE & SETTLOR DETAILS - UNREGULATED AUSTRALIAN TRUST

### Appointee Details

Given Names:

Surname:

Address:

State:

Postcode:

Country:

**Settlor Details** NOTE: The Settlor details are not required if the material asset contribution to the trust by the settlor at the time the trust is established is less than \$10,000

Given Names:

Surname:

Address:

State:

Postcode:

Country:

**NOTE:** FinEx (and its related bodies corporate and affiliates) only recognises the Trustee(s) as the investor and not the beneficiary, therefore the trustee(s) details must be given in 2A, B, or C above as appropriate. However, FinEx (and its related bodies corporate and affiliates) is also required to record the individual beneficiary details if you have ticked "Other" in the section "Type of Trust" above.

Beneficiary 1:

Date of Birth/ABN

Beneficiary 2:

Date of Birth/ABN

Beneficiary 3:

Date of Birth/ABN

**NOTE:** ABN only applicable if Beneficiary is a Company

## 3. RESIDENCY DETAILS FOR TAX PURPOSES

Are you a resident of Australia for tax purposes?    Yes    No

If no, please specify country of tax residence:

**SECTION 2 - CHESS SPONSORSHIP / SETTLEMENT DETAILS**

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**

INDIVIDUAL / DIRECTOR (1): FULL NAME      SIGNATURE      DATE

INDIVIDUAL / DIRECTOR (2): FULL NAME      SIGNATURE      DATE

INDIVIDUAL / DIRECTOR (3): FULL NAME      SIGNATURE      DATE

If client is a Company, please tick the appropriate box:

Sole Director / Sole Secretary

Two or more directors – (two or more directors must sign)

## SECTION 3 - DIRECT DEBIT / CREDIT AUTHORITY

For Direct Debits **all bank account holders** must sign this section.

### A. Default/Nominated Bank Account

The Applicant authorises FinEx's Third Party Clearer (FinClear Pty Ltd (FinClear)) to directly credit/debit the Nominated Bank Account

Please tick applicable box:      Credit              Debit              Both

Financial Institution Name:

Account Name:

BSB:

Account Number:

### 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 purpose of dividends.

INDIVIDUAL / DIRECTOR (1): FULL NAME              SIGNATURE              DATE

INDIVIDUAL / DIRECTOR (2): FULL NAME              SIGNATURE              DATE

INDIVIDUAL / DIRECTOR (3): FULL NAME              SIGNATURE              DATE

If client is a Company, please indicate which office held:

Sole Director / Sole Secretary

Two or more directors – (two or more directors must sign)

### 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.

**SECTION 4 - APPOINTMENT OF 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:

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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

**SECTION 5 - 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 to you at:

Email Address:

**Additional Copies of Trade Confirmation:**

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:

Email Address:

Email Address:

Email Address:

Email Address:

## SECTION 6 - 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]
- b) FinClear’s Disclosure Statement [Part C of the FinEx Terms of Trade]
- c) (if CHESS sponsored by FinEx) FinEx’s CHESS Sponsorship Agreement [Part B of the FinEx Terms of Trade]
- d) (if using the Direct Debit facility) FinClear’s Direct Debit Request Service Agreement [Part D 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
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INDIVIDUAL (2): FULL NAME	SIGNATURE	DATE
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INDIVIDUAL (3): FULL NAME	SIGNATURE	DATE
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### 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
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DIRECTOR / SECRETARY: FULL NAME	SIGNATURE	DATE
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### 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.