

Please refer to the end of this document for submission instructions, explanatory notes and help.

<input type="text"/>	<input type="text"/>	<input type="text"/>
CommSec Adviser Services Adviser Code or Current Username	Adviser Name	Brokerage Code (optional)

S1

## Which legal entity would you like to open the account in?

Company   
  SMSF/Trust – Individual/Joint as trustee   
  SMSF/Trust – Company as trustee

NOTE: For Individual and Joint accounts use [Form 1000](#)

S2

## Personal Details – Applicant 1 / Director 1 / Trustee 1

Mr   
  Ms   
  Mrs   
  Miss   
  Dr   

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given Name	Middle Name	Surname	Date of Birth

  
  Male   
  Female

Other name/s commonly known by – if applicable

### Residential Address

Street Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	Post Code	State

Country (if not Australia)

### Postal Address

Street Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	Post Code	State

Country (if not Australia)

**OR** same as Registered Business Address

## Contact Details – must be applicants details

Tick preferred telephone contact.

<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Mobile – mandatory		Home	
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Work		Email – mandatory	

## Tax File Number or Exemption Code

See the [explanatory notes](#) at the end of this document.

–    –

## Job Category and Type – mandatory

See the [Job and Industry Classification List](#) on our website.

<input type="text"/>	<input type="text"/>
Job Category	Job Type

# Share Trading and Cash Account Application Form

S2: Personal Details for Applicant 1 ...continue

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## Tax Residency Information

Read the [explanatory notes](#) at the end of this document. For Australia add Reason Code C.

Country/ies of Tax Residency      Tax Identification Number (TIN)      **OR** Reason Code For No TIN

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

- A. My country of tax residency does not issue TINs.
- B. I have not been issued with a TIN by my country of tax residency.
- C. My country of tax residency does not require disclosure of a TIN.

**Online Access** – applicable if applying for a trading account, you require access and do not have an existing log in

               

Password

You must provide a temporary password for online access.  
You will need this password the first time you log in.

## Identification

**Client has a Passport or Australian Driver Licence**

Please attach a copy of two of the following items to this application: Australian Driver Licence, Passport, Medicare Card.

By ticking this box and providing copies of your ID you consent to the electronic verification of your ID documents as outlined in the Declaration Section of this form.

**Client does not have a Passport or Australian Driver Licence**

If you do not have an Australian Driver Licence or Passport please contact us for alternative options to confirm your identity. See the submission instructions at the end of the form for more details.

**JUMP**

[S3: Company Details](#)

[S4: Trust Details](#)

[S5: CHESS Registration Address](#)

## Personal Details – Applicant 2 / Director 2 / Trustee 2

Mr

Ms

Mrs

Miss

Dr

Given Name

Middle Name

Surname

Date of Birth

Other name/s commonly known by – if applicable

Male

Female

### Residential Address

Street Address

Suburb

Post Code

State

Country (if not Australia)

### Postal Address

Street Address

Suburb

Post Code

State

Country (if not Australia)

**OR** same as Registered Business Address



## Company Details – if applicable

Company Name

Registered Business Name

 -  - 

ACN – Australian Company Number – mandatory

 -  -  - 

ABN – Australian Business Number – optional

See [explanatory notes](#) at the end of this document.

 -  - 

TFN – Tax File Number or Exception Code – optional

See [explanatory notes](#) at the end of this document.

Type of Company? – mandatory

 Public  Proprietary / Private

Was the Company established in Australia? – mandatory

 Yes  No

Is the Company operating as a charity? – mandatory

 Yes  No

If yes, what is the purpose of the charity?

## Tax Residency Information

Please read the [explanatory notes](#) at the end of this document. For Australia add Reason Code C.

Country/ies of Tax Residency

Tax Identification Number (TIN)

OR Reason Code For No TIN

- A. My country of tax residency does not issue TINs.
- B. I have not been issued with a TIN by my country of tax residency.
- C. My country of tax residency does not require disclosure of a TIN.

## Is the Company's primary business activity investing?

Tick "Yes" if the Company earns more than 50% of its total income from investment activities (e.g. rent, interest or dividends); or more than 50% of the Company's assets produce or are held for producing investment income.

 Yes  No

If Yes and the Company is NOT a Trustee of a SMSF please answer the below:

## Are any Company Applicants, Directors or Shareholders tax residents, citizens or residents of countries other than Australia?

 Yes  No

US tax residents, please complete and return the supplementary [Entity Classification \(W-8BAR-E\) Form](#) with the completed Account Application Form.

## Company Industry Category and Type – mandatory

See the [Job and Industry Classification List](#) on our website.

Company Industry Category

Company Industry Type

## Company Contact

Same as Applicant 1 **OR** complete the below:

Email Address

Phone

## Company Address

### Registered Business Address – mandatory

Same as Applicant 1 **OR** complete the below:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	Suburb	Post Code	State
<input type="text"/>			
Country (if not Australia)			

### Postal Address – if different from Business Address

Same as Residential Address **OR** complete the below:

<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	Post Code	State
<input type="text"/>		
Country (if not Australia)		

### Principal Place of Business – mandatory

Same as Registered Business Address **OR** complete the below:

<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	Post Code	State
<input type="text"/>		
Country (if not Australia)		

## Additional Director Details

List the full names of all additional directors of the foreign company or domestic proprietary company that are not listed as an applicant in S2. If there are more than three additional directors please photocopy this section, complete and attach to your application.

### Additional Director 1

<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="text"/>
<input type="text"/>			<input type="text"/>		
Given Name/s			Surname		

### Additional Director 2

<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="text"/>
<input type="text"/>			<input type="text"/>		
Given Name/s			Surname		

### Additional Director 3

<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="text"/>
<input type="text"/>			<input type="text"/>		
Given Name/s			Surname		

## Beneficial Owner & Controllers – mandatory for Proprietary / Private Companies

**A** Are there any individuals who own 25% or more of the shares either directly or indirectly in the company?

Yes – Go to Part D and provide details

No – Go to Part B

**B** Are there any individuals who control 25% or more of the shares either directly or indirectly in the company? For example through voting rights?

Yes – Go to Part D and provide details

No – Go to Part C

**C** If there are no beneficial owners or controllers please provide details in Part D for any individuals who are responsible for the strategic or financial decisions of the company. That is, the individual who exercises primary control over the company because of the position held. e.g. CEO, Managing Director of equivalent.

**D** Please provide personal details of individuals below – at least one individual must be listed.

Beneficial Owner / Controller 1 same as Applicant 1 **OR** fill out [Appendix 1](#)

Beneficial Owner / Controller 2 same as Applicant 2 **OR** fill out [Appendix 1](#)

### Additional Beneficial Owners / Controllers

Please copy and fill out [Appendix 1](#) at the end of this form for each additional Beneficial Owner / Controller.

### Additional Beneficial Owners / Controllers

Please copy and fill out [Appendix 1](#) at the end of this form for each additional Beneficial Owner / Controller.

JUMP

[S5: CHES Registration Address](#)

S4

### Individual Trust / Joint Trust / SMSF Applications

Trust Type

SMSF

Family

Testamentary

Full Trust Name – as per Trust Deed

# Share Trading and Cash Account Application Form

S4: Individual Trust / Joint Trust / SMSF Applications ...continue

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## Account Designation

Used when you wish to trade under the trust. Ensure the account designation matches your CHES registration name.

NOTE: The words or reference to "trust", "as trustee for", "trustee", "ATF", "Testamentary" should not be used in Account Designation as it will not be accepted by CHES.

## Was the Trust established in Australia? – mandatory

 Yes  No

## Is the Trust operating as a charity? – mandatory

 Yes  No 

## Trust Tax Details

 –  –  – 

ABN – Australian Business Number – mandatory for SMSF  
See [explanatory notes](#) at the end of this document.

 –  – 

TFN – Tax File Number or Exception Code – optional  
See [explanatory notes](#) at the end of this document.

## Trust Tax Residency Information

Read the [explanatory notes](#) at the end of this document. For Australia add Reason Code C.

Country/ies of Tax Residency	Tax Identification Number (TIN)	OR Reason Code For No TIN
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> A. My country of tax residency does not issue TINs. <input type="checkbox"/> B. I have not been issued with a TIN by my country of tax residency. <input type="checkbox"/> C. My country of tax residency does not require disclosure of a TIN.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

## Trust Industry Category and Type – mandatory

See the [Job and Industry Classification List](#) on our website.

NOTE: SMSF Trusts are category 'Finance and Insurance' and Type 'Superannuation Funds'.

<input type="text"/>	<input type="text"/>
Trust Industry Category	Trust Industry Type

## Settlor of Trust – mandatory except if trust type is SMSF or Testamentary Trust

### Was the trust established with a 'settled sum' of \$10,000 or more?

 Yes  No 

### 1) Is the Trust's primary business activity investing?

Tick "Yes" if the Trust earns more than 50% of its total income from investment activities (e.g. rent, interest or dividends); or more than 50% of the Trust's assets produce or are held for producing investment income.

 Yes  No

If Yes and the Trust is NOT a SMSF or Charity, please answer question 2.

### 2) Are any Trust Applicants, Directors or Shareholders tax residents, citizens or residents of countries other than Australia?

 Yes  No

US tax residents, please complete and return the supplementary [Entity Classification \(W-8BAR-E\) Form](#) with the completed Account Application Form.

# Share Trading and Cash Account Application Form

S4: Individual Trust / Joint Trust / SMSF Applications ...continue

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## Trust Address Details

Same as Applicant 1       Same as Company

**OR** complete the below:

### Registered Address of the Trust

Street Address

Suburb

Post Code

State

Country (if not Australia)

### Postal Address – mandatory

Street Address

Suburb

Post Code

State

Country (if not Australia)

## Trust Identification

The trust is a Australian Regulated Trust such as an SMSF **OR**

The Trust will be verified via online search with the relevant regulator's website. No further action required on your part.

The trust is NOT an Australian Regulated Trust: You must provide:

### Option 1 – you have one of the supporting documents listed

Certified Extract of the Trust Deed that shows:

- The Trust name
- Name(s) of Trustee(s)
- Signature(s) of Trustee(s) with witnesses' signatures
- Date of execution
- Names of Beneficiary(s)
- Name(s) of Settlor and settled sum (if formal trust)

**+** **EITHER:** A notice from the Australian Taxation Office, such as a notice of assessment, issued in the last 12 months.

**OR:** Bank Statements from another financial institution from the last 12 months,  
**OR:** A letter from the Legal Practitioner who prepared the Trust Deed confirming:

- The Legal Practitioner assisted in the creation of the Trust;
- The Trust has been established;
- Full name of the Trust;
- Full name of all Trustees;
- Full name of the Settlor of the Trust (unless the material asset contribution to the trust by the settlor at the time the trust is established is less than \$10,000 or the settlor is deceased)

NOTE: This option allows submission via eSubmit.

### Option 2 – you do not have one of the supporting documents listed

Original Certified Extract of the Trust Deed that shows the same details as Option 1.

NOTE: This option requires the original to be sent via Australia Post.

## Additional Trustee Details – for individual trust type only

Please copy and fill out [Appendix 1](#) at the end of this form for each additional Trustee.

## Beneficiary Details – mandatory except for SMSF

Provide the type of membership class (e.g. unit holder, family member) or the full name of each beneficiary. If there are more than 2 membership classes/beneficiaries please photocopy this section, complete and attach to your application.

Membership classes

OR give Beneficiary details on the next page



# Share Trading and Cash Account Application Form

S4: Individual Trust / Joint Trust / SMSF Applications ...continue

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## Beneficiary 1

Same as Applicant 1 **OR** complete the below:

Mr  Ms  Mrs  Miss  Dr

Given Name/s Surname

## Beneficiary 2

Same as Applicant 2 **OR** complete the below:

Mr  Ms  Mrs  Miss  Dr

Given Name/s Surname

S5

## CHESS Registration Address

Same as Applicant 1 Postal Address **OR**  Same as Company Postal Address **OR**  Same as Trust Postal Address **OR**

Street Address Suburb Post Code State

Country (if not Australia)

S6

## Settlement Options – mandatory

What account would you like to use for share purchases and settlements?

New CBA Accelerator Cash Account ➔ [Go To S7](#), **OR**

Bank Account **OR**

Account Name

BSB

Account Number

NOTE: The nominated bank account must be in the same entity name provided in this application.

Third Party Settlement  
For example, a third party Margin Loan or WRAP Account.

Third Party Settlement Provider Account Name

Account Number Settlement PID

Contact Person – if known Contact Number – if known

## Dividend Redirection Request

Pay my dividends directly to my linked Bank Account.

NOTE: Not all companies or share registries support electronic payment of dividends or their direction.

Not applicable for Third Party Settlements, such as a Margin Loan. We will automatically send your BSB and Account Number to the share registries on your CHESS Sponsored Share Trading Account with the Participant.

# Share Trading and Cash Account Application Form

S7: CBA Accelerator Cash Account

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[S8: Broker to Broker Share Transfer](#)

[S9: Client Declaration](#)

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S7

## CBA Accelerator Cash Account

The Accelerator Cash Account is a product of the Commonwealth Bank of Australia ABN 48 123 123 124 AFSL 234945 (the Bank) and administered by the Participant. The Participant is a wholly owned but non-guaranteed subsidiary of the Bank.

### Is a deposit book required?

Yes  No

### Is a cheque book required?

Yes  No

The first applicant will receive the cheque and deposit books by mail.

### Adviser use only

067167

BSB

Account Number – if generated over the phone.

### Initial Deposit

I will transfer funds once I receive the BSB and account number

I will attach a cheque to the completed application

Transfer funds from my existing Commonwealth Bank Account:

Account Name – must be in the same name as the application BSB Account Number

Amount Amount in words

### Statements and Notices

Things you need to know if you elect online statements and notices:

- You will not receive paper statements or notices but will instead receive them online via NetBank (we may however choose to send you a particular notice by paper). You can print a copy if you wish.
- We'll send you an email when statements/notices are available in NetBank.
- You need to advise us if you change your email address.
- You can choose to start receiving paper statements via NetBank or by calling us on 132 221.

Online – NetBank access required

Paper – NetBank access required

Address same as Applicant 1

Send to the below address

Name

Street

Suburb

City

State

Post Code

Country (if not Australia)

### For Trusts only

Are the funds held in this account held in trust?

Yes  No

Where the funds in this account are held in trust, the trust deed/instrument authorises the opening and operation of the account in the manner set out in this authority.

### Account Use

Are you opening this account wholly or predominately for personal or domestic use?

Yes  No

# Share Trading and Cash Account Application Form

S7: CBA Accelerator Cash Account ...continue

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## Account Access

If there are more than 2 applicants, please photocopy this section, complete and attach to your application.

### Applicant 1

Is ATM/EFTPOS access required?

No

Yes – issue a new key card

Yes – link to an existing Commonwealth Bank card  
Existing Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	–	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	–	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is NetBank access required?

Yes  No

### Applicant 2

Is ATM/EFTPOS access required?

No

Yes – issue a new key card

Yes – link to an existing Commonwealth Bank card  
Existing Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	–	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	–	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is NetBank access required?

Yes  No

## Method of Operation

One signature required

More than one signature required

No card/s will be issued where 'More than one signature required' option is ticked). If no selection is made the account will be established as more than one signature required).

S8

## Broker to Broker Share Transfer

Existing Broker Name

PID

HIN

A/C

New Broker Name

PID

In the event of any mismatch of registration details, I authorise the Participant to make changes to my Holder Identification Number (HIN) registration details in accordance with the information I have provided in my application form.

## Transfer Instructions

Transfer all Broker Sponsored Holdings to the Participant (we will transfer your HIN) **OR**

Transfer only the following existing Broker Sponsored Holdings to the Participant.

ASX Code or Security Name	Qty
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

NOTE: For Issuer to CHESS share transfers use the online Issuer to CHESS transfer tool found on the CommSecAdviser Services website. This tool checks registration details in real time and greatly reduced rejections.

## Client Declaration & Signatures

All Applicants and the Adviser must sign this declaration.

### Applicant/s Declaration

I/We understand, acknowledge and declare:

1. the information I/we provided to you in my/our application is complete and correct and acknowledge that it will form part of the contract.
2. the name of individual persons given in this application are true and correct and that the law prohibits the use of false names, as well as the giving or use of false documents in connection with an identification procedure;
3. that I/we consent to the collection, use and exchange of my/our personal information as set out in the Customer Information and Privacy sections of the Terms and Conditions for each product I/we are applying for.
4. that I/we have obtained the consent of any individual(s) whose personal information is provided in this application. They acknowledge and consent to the collection, use or exchange of their information in accordance with the Participant's Privacy Policy.
5. Ausix is required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to collect information about you and verify your identity before we can provide you with the services or products for which you've applied. If you selected 'Client has a Passport or Australian Driver Licence' as the method of ID in this form the following applies to you:
  - (a) I/We consent to having electronic identification performed using personal details and identification documents. I/we have provided, and understand that providing false or misleading information about my/our identity(s) is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.
  - (b) I/We consent to having my/our personal details and identification documents matched to information held by the issuer or Official Record Holder via third party systems.
  - (c) I/We understand that my/our personal information will be exchanged with external organisations including: credit reporting agencies, Commonwealth and State government departments, independent and private sector organisations and outsourced providers who coordinate the electronic identification process and who may conduct additional matches against public or proprietary databases.
  - (d) As part of the electronic identification process, I/we permit these external organisations to record, use and disclose my/our information in accordance with their own privacy policies and legal obligations. I/We understand that Ausix and its outsourced providers will access records held about me/us by these external organisations only for the purpose of matching the identifying information I/we have chosen to provide.
  - (e) I/We consent to providing my/our name(s), address(es) and date of birth to selected credit reporting agencies to match this information against their records.
  - (f) I/We understand that this is done only for identity verification purposes as required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

You do not have to consent to electronic verification. If you do not want to be verified electronically, please contact us for alternative options of confirming your identity.

### Declaration to the Share Trading Terms and Conditions

1. I/We, the Applicant/s acknowledge that we have been supplied with, and read, the Participant's Financial Services Guide, Best Execution Guide and Share Trading Terms and Conditions prior to receiving any financial service from the Participant.
2. I/We, the Applicant/s, agree to be sponsored by the Participant under the terms of the Participant Sponsorship Agreement. I/We have read and agree to accept and abide by the terms of the Agreement, and have been supplied with, read and understood the written explanation of the implications of those terms.
3. I/We, the Applicant/s, authorise the adviser to open a Share Trading Account with the Participant and to give instruction to the Participant on the Account on my/our behalf.
4. I/We, the Applicant/s, acknowledge that as a result of my/our Share Trading Account managed by my adviser with the Participant having Straight Through Processing (an automated processing of a securities trade through the Market Operator's trading system) it is possible that any orders on my/our Account may be matched with another order also placed by the Participant. This "crossing" may be with an order by another client of the Participant or by the Participant itself.
5. I/We authorise and request Australian Investment Exchange Ltd (APCA User ID no. 093993 – Debit and 093 992 - Credit) to arrange for funds to be debited from/credited to my/our accounts as specified in this Application through the Bulk Electronic Clearing System (BECS). I/We acknowledge that this authority is governed by and will remain in force in accordance with the Direct Debit/ Credit Request Service Agreement section of the Share Trading Terms and Conditions governing each product I/we are applying for.
6. I/We, the Applicant/s, acknowledge and agree that all confirmations are to be sent electronically to my/our email and where the confirmation is posted, that a charge will apply.

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S9: Client Declaration & Signatures ...continue

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7. I/We authorise the Participant to accept instructions on my/our behalf from my/our adviser and confirm that my/our adviser has the power to do the following in my/our name and on my/our behalf from time to time:
  - (a) to have access to, receive, and enquire about information pertaining to an account;
  - (b) to acquire, buy, deal with and dispose of, or sell any financial products;
  - (c) to provide authorisation to make and receive payment for any financial products transactions and attendant expenses by any means whatsoever and to give a goods receipts and discharges for the proceeds and sales on financial products and other monies;
  - (d) to execute all contracts and other documents necessary or proper for the custody, dealing and transfer of financial products and related matters.
  - (e) to receive, hold, or arrange custody of evidence or title to financial products; and
  - (f) to exercise all rights, obligations, duties, and privileges now and in the future with regard to transacting in financial products that pertain to me as the holder of financial products;
8. I/We accept that my/our adviser has access to all information relating to transactions undertaken in relation to dealings with the Participant.
9. I/We acknowledge that my/our adviser or the Adviser's named licensee may delegate the authorisation in clause 7 above to persons nominated by the Licence Holder from time to time.
10. I/We, the Applicant/s, declare that I/we have the legal capacity to make these declarations, accept the conditions and enter into the agreements referred to in the points above.

## For Trusts Only:

I/We:

- (a) Warrant that the trust deed/instrument authorises the opening and operation of the account as contemplated by this Application, and
- (b) Warrant that authority has been given by signature of the trustee/s, or where the trustee is a company, by resolution passed at a legally constituted meeting of director/s of the company for the opening and operation of the account/s in the name of and on the terms and conditions and in the manner set out in this Application.

## For CBA ACA and TD Applicants only:

1. I/We have been given a copy of the Accelerator Cash Account and Term Deposit General Information, Terms and Conditions and Standard Fees and Charges documents and accept the terms and conditions for this account.
2. I/We also acknowledge and consent to the collection, use and exchange of my/our personal information as set out in the Customer Information and Privacy section of the Terms and Conditions and to the payment of the fees referred to below.
3. I/We declare that my/our information (including identification details) as shown on this form are true, complete and correct, and that I/we will advise the Bank if these details change. I/we understand that it is an offence to provide false or misleading information.
4. I/We have received and reviewed a copy of the Electronic Banking Terms and Conditions (available at [www.commbank.com.au](http://www.commbank.com.au)) and accept those terms and conditions.
5. I/We acknowledge that my/our first use of NetBank will signify my/our acceptance of, and agreement to be bound by, the Bank's Electronic Banking Terms and Conditions.
6. I/We acknowledge that the information provided in this application or to my/our adviser is complete and correct. I/we will promptly notify the Bank of any changes to the information.
7. I/We acknowledge that the Bank may require further information from time to time and I/we agree to promptly provide the Bank with whatever additional information is reasonably required by the Bank.
8. Organisation applicants only – I/We certify that the entity's activities and classification that I have provided are complete and correct and that I will advise the Bank immediately if such information is to change.
9. I/we have obtained the consent of any individual(s) whose personal information is provided in this application. They have authorised the collection, use or exchange of their information in accordance with Group Privacy Policy.
10. I certify that I am authorised by, and have the consent of the organisation and any Beneficial Owners to provide this information.
11. I am authorised by each Beneficial Owner to provide the information on their behalf and they have confirmed to me that the information provided about them is true and correct. I confirm I have made them aware that this information and information relating to the account may be provided to the tax authorities.

## Margins against ACA rates – if applicable

## Commission Option Disclosure for Wholesale Clients only:

Please tick the box below to indicate if ongoing commission will be payable. Where you meet the wholesale client criteria the payment of commissions may apply. You must complete the Wholesale Client Form available from the website and provide the necessary documentation for commission to be payable.

With Commission

1. We may pay an ongoing commission to your agent (adviser) who referred you to us, or to a third party associated to that agent.
2. By signing this Application Form and the Wholesale Client Form, you consent to the payment of commission.
3. You can cancel the payment of any ongoing commissions by instructing CommSec Adviser Services in writing.
4. You can elect to pay any ongoing commissions to another agent you appoint in the future by instructing CommSec Adviser Services in writing.
5. The interest rate payable on your ACA will be reduced by the amount of ongoing commission paid to your agent (adviser) or third party associated with that agent.

### Applicant 1/ Director 1/ Trustee 1

Full Name Date

Signature – must be signed pen on paper, electronic signatures not accepted

### Applicant 2/ Director 2/ Trustee 2 – if applicable

Full Name Date

Signature – must be signed pen on paper, electronic signatures not accepted

NOTE: If there are more than 2 applicants, please photocopy this section, complete and attach to your Application.

Share Trading is a service provided by Australian Investment Exchange Ltd (the Participant, we, us, our)  
ABN 71 076 515 930 AFSL 241400, a participant of the ASX Group and Chi-X Australia.

## Adviser Declaration

1. As the adviser, I agree that the above client has been provided with and read, the Participant's Financial Services Guide prior to receiving any financial service from the Participant.
2. I have been appointed by the applicant/s as their client adviser and I have identified the applicant/s and where applicable the Trust. Commonwealth Bank of Australia is authorised to take instruction/s from this client's adviser on behalf of the applicant/s.
3. I have provided the applicant/s with the Accelerator Cash Account and Term Deposit General Information, Terms and Conditions and Standard Fees and Charges documents.
4. As the adviser, I understand that commissions are not payable for the CBA ACA unless the applicant meets the wholesale client criteria as set out in the [Wholesale Client Form](#) (available from the website). Where this applies, I confirm I have verified the necessary documentation that will accompany the completed Wholesale Client Form as supporting evidence of the applicant's wholesale client status.
5. As the adviser, I declare that the tax residency information provided is reasonable considering the documentation and information provided.

### Adviser

Full Name Date

Signature – must be signed pen on paper, electronic signatures not accepted

# Share Trading and Cash Account Application Form

S10: Adviser Authority to Operate on your Accelerator Cash Account

**1001**  
ESUBMIT FORM ID

S10

15/16

## Adviser Authority to Operate on your Accelerator Cash Account

I/We authorise my/our adviser (Authorised Adviser) as set out below to act on my/our behalf on the Accelerator Cash Account requested in this application form, and any subsequent Term Deposit Accounts opened in the future, to the extent of their authority set out below, to send instructions to the Commonwealth Bank of Australia (the Bank).

### Adviser Authorities

(a) I/We authorise the Bank to act on instructions received from my/our Authorised Adviser/s (including their employees, agents and contractors) to:

- Request general account (including balance and individual transactions) and personal information related to the account/s nominated on this form, order cheque books, deposit books and/or Keycards which will be sent to the address I/we nominate.

(b) I/We authorise the Bank to act on instructions received from my/our Authorised Adviser/s to:

- Transfer funds from my/our account/s and set up periodical payments to accounts in exactly the same name of my/our account which the funds are being transferred from within the Bank;
- Place money on term deposit with the Bank in my/our name/s for any term and to withdraw on maturity, or by arrangement with the Bank prior to maturity, any such moneys held on term deposit, give valid discharges for interest paid and principle repaid and to otherwise exercise all the rights as permitted in this authority.

(c) I/We also authorise the Bank to act on signed instructions received from my/our Authorised Adviser/s to:

- Transfer funds and set up periodical payments from my/our account/s nominated on this form to any other account specified on the written request provided.

(d) I/We authorise the Bank to act on instructions from my/our Authorised Adviser/s to withdraw their fees from my/our account using online or electronic services.

### All Applicants please sign below

I/We:

- authorise and request the Bank to accept and act upon any instructions issued by my/our Authorised Adviser (including their representative under clause (a) above) pursuant to this authority and undertake and ratify whatever my/our Authorised Adviser lawfully does or causes to be done pursuant to this authority;
- understand that the appointment of my/our Authorised Adviser remains effective until I/we revoke it by providing a notice in writing to the Bank;
- acknowledge and consent for the Bank to accept an instruction sent by me by fax or scanned documents sent by email (see the Accelerator Cash Account and Term Deposit Terms and Conditions for further detail); and
- acknowledge that any instructions given by my/our Authorised Adviser in accordance with this authority will be relied on by the Bank and that the Bank will not be liable for any loss or damage I/we, or anyone else, suffers where the Bank acts on those instructions in good faith, unless it is proved that the Bank was negligent. Where the Bank agrees to supply services to me/us as a consumer, as defined in the Australian Securities and Investments Commission Act 2001 (the Act), then the Bank's liability will be determined in accordance with the Act. The Act permits the Bank in some circumstances to limit its liability to resupplying services to me/us.

### Applicant 1/ Director 1/ Trustee 1

<input type="text"/>	<input type="text"/>
Full Name	Date

Signature – must be signed pen on paper, electronic signatures not accepted

### Applicant 2/ Director 2/ Trustee 2 – if applicable

<input type="text"/>	<input type="text"/>
Full Name	Date

Signature – must be signed pen on paper, electronic signatures not accepted

NOTE: If there are more than 2 applicants, please photocopy this section, complete and attach to your Application.

### Adviser

<input type="text"/>	<input type="text"/>
Full Name	Date

Signature – must be signed pen on paper, electronic signatures not accepted

### Adviser Delegate

<input type="text"/>	<input type="text"/>
Full Name	Date

Signature – must be signed pen on paper, electronic signatures not accepted

## Explanatory Notes

### 1. Australian Business Number (ABN), Tax File Number (TFN) or Exemption Code

Providing your ABN, TFN or Exemption Code is not compulsory, but if you do not, tax may be taken out of your interest at the highest marginal tax rate plus Medicare levy.

If you quote your TFN or ABN, you authorise the Participant to disclose it to its related bodies corporate, ASX Settlement Corporation, the provider of your cash management account, trustees, sponsors of your shareholdings and their agents and other issuers of securities for purposes relating to the securities in the trading account.

#### TFN and Trusts

**Formal trust** – established as a legal entity under a formal trust deed and has a TFN. Please quote the TFN of the formal trust.

**Informal trust** – no formal arrangements in place e.g. minor, and there is no requirement for you to furnish a Trust income tax return to the Australian Taxation Office. Please provide the Tax File Number/s of the Trustee/s.

### 2. Account Designation

Account Designation is used when you wish to trade under the name of a Superannuation Fund, Family Trust, Minor or Deceased Estate. Examples include: Brown S/F A/C, Brown Family A/C, Louise Brown (minor). Please ensure that your account designation matches that of your CHESS registration name.

### 3. Tax Identification Number (TIN)

If you are a tax resident of another country, you will be asked for your Tax Identification Number (TIN) issued to you in that country, if you have one.

TIN is an international term which may have a different name in some countries.

A compilation of links to information about TINs for many countries can be found here: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759>

Examples are Tax File Number (TFN) in Australia, Social Insurance Number (SIN) in Canada, Unique Taxpayer Reference (UTR) or National Insurance Number (NINO) in United Kingdom, Permanent Account Number (PAN) in India, IRD Number in New Zealand, and Tax Reference Number (TRN) in Malaysia.

List all your countries of tax residency and your TIN for that country or if no TIN is available, please select a reason code. If you have listed Australia as a country of tax residency, please insert reason code C in the TIN column.

If you are a US citizen or resident, you must include USA as a country of tax residency.

## Related Forms

You may find the below forms useful:

[7020: Wholesale Client Form](#)   [Exchange Traded Options Application Form](#)   [Off Market Transfer Form](#)

[3017 Corporate Authority to Operate Form](#)   [3029 Direct Credit Nomination Form](#)

## How to submit your documents

### Clients

Please provide your completed and signed form with relevant supporting documents to your adviser.

### Advisers

Lodge this form and all supporting documents securely via eSubmit. Go to:  
**CommSec Adviser Services Website > Administration > eSubmit**

If you are required to send Original Certified Copies of documents please send via post to:  
**Locked Bag 3005, Australia Square, NSW 1215**





## Additional Beneficial Owner, Controller or Trustee

Please copy and complete this form for each additional Beneficial Owner and additional Trustee not already mentioned in this application.

<input type="checkbox"/> Additional Beneficial Owner / Controller	<input type="checkbox"/> Additional Trustee		
<hr/>			
<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss
<input type="checkbox"/> Dr	<input style="width: 100%;" type="text"/>		
<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>	<input style="width: 50%;" type="text"/>	
Given Name	Middle Name	Surname	
<input style="width: 15%;" type="text"/>	<input style="width: 35%;" type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth	Other name/s commonly known by – if applicable		
<input style="width: 50%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 20%;" type="text"/>
Street Address	Suburb	Post Code	State
<input style="width: 50%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 30%;" type="text"/>	
Country (if not Australia)	Contact Number	Email	

### Tax Residency Information

Read the [explanatory notes](#) at the end of this document. For Australia add Reason Code C.

Country/ies of Tax Residency	Tax Identification Number (TIN)	OR Reason Code For No TIN
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>

A. My country of tax residency does not issue TINs.  
 B. I have not been issued with a TIN by my country of tax residency.  
 C. My country of tax residency does not require disclosure of a TIN.

### Identification

**Passport or Australian Driver Licence**  
 Please attach a copy of two of the following items to this application: Australian Driver Licence, Passport, Medicare Card.  
 By ticking this box and providing copies of your ID you consent to the electronic verification of your ID documents as outlined in the Declaration Section of this form.

**No Passport or Australian Driver Licence**  
 Please fill out the above sections and ask your Adviser to contact us for alternative options of confirming your identity.

### Declarations

1. The information I provided to you in this form is complete and correct.
  2. The name of individual persons given in this form are true and correct and that the law prohibits the use of false names, as well as the giving or use of false documents in connection with an identification procedure.
  3. That I consent to the collection, use and exchange of my personal information as set out in the Customer Information and Privacy sections of the Terms and Conditions for each product I/we are applying for.
  4. Ausix is required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to collect information about you and verify your identity before we can provide you with the services or products for which you've applied. If you selected 'Passport or Australian Driver Licence' as the method of ID in this form the following applies to you:
    - (a) I consent to having electronic identification performed using personal details and identification documents. I have provided, and understand that providing false or misleading information about my identity is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.
    - (b) I consent to having my personal details and identification documents matched to information held by the issuer or Official Record Holder via third party systems.
    - (c) I understand that my personal information will be exchanged with external organisations including: credit reporting agencies, Commonwealth and State government departments, independent and private sector organisations and outsourced providers who coordinate the electronic identification process and who may conduct additional matches against public or proprietary databases.
    - (d) As part of the electronic identification process, I permit these external organisations to record, use and disclose my information in accordance with their own privacy policies and legal obligations. I understand that Ausix and its outsourced providers will access records held about me by these external organisations only for the purpose of matching the identifying information I have chosen to provide.
    - (e) I consent to providing my name, address and date of birth to selected credit reporting agencies to match this information against their records.
    - (f) I understand that this is done only for identity verification purposes as required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.
- You do not have to consent to electronic verification. If you do not want to be verified electronically, please contact us for alternative options of confirming your identity.

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Signature – must be signed pen on paper, signatures not accepted electronic	Full Name	Date

## Explanatory Notes

“Tax Identification Number(s)” If you are a tax resident of another country, you will be asked for your Tax Identification Number (TIN) issued to you in that country, if you have one.

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Examples are Tax File Number (TFN) in Australia, Social Insurance Number (SIN) in Canada, Unique Taxpayer Reference (UTR) or National Insurance Number (NINO) in United Kingdom, Permanent Account Number (PAN) in India, IRD Number in New Zealand, and Tax Reference Number (TRN) in Malaysia.