




Share Trading and Cash Account Application Form (Advised Clients)

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.

 Please refer to the 'Application Guide' at the end of this form for guidance on completing this application form.

Where to send the completed application form?

Once completed and signed, please return the application form and any supporting documentation by email (preferred), fax or post to the details listed at the top of this page.

Which account type would you like to complete this application for?

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

Where to from here?

All applicants – Please start by providing adviser details in Section 1.

Section 1 – Primary Adviser Details

Adviser Code or Current Username

MANDATORY

Adviser Name

Company Name

Contact Number

()

Contact Email

Brokerage Code (optional)

Address Details

Residential Address (cannot be a PO Box)

State	Postcode
Country (if not Australia)	

Postal Address Same as Residential Address

State	Postcode
Country (if not Australia)	

CHES Registration Address

This CHES Registration Address will only apply to Individual/Joint account types. For Company/Trusts account types, please complete the CHES Registration Address details in section 3.

The postal address will be used as the CHES registration address. If you would not like this to happen, please provide a CHES registration address below:

State	Postcode
Country (if not Australia)	

Countries of Residence (mandatory)

In which country(s) do you reside in or are a resident of? You **must** tick at least one box.

Australia
 Country(s) other than Australia. Please list country(s)

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Where to from here?

All applicants – Please provide your personal details in Section 2.

Section 2 – Personal Details

Applicant 1/Director 1/Trustee 1

In what capacity are you completing this section?

Individual Director/Secretary Trustee
 Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Other name/s commonly known by (if applicable)

Date of Birth

DD / MM / YYYY

Gender

Male Female

Section 2 – Personal Details (continued)

Countries of Tax Residence (mandatory)

Which country(s) are you required / liable to pay tax or submit a tax return? You **must** tick at least one box.

- Australia
- Country(s) other than Australia
Please list the country(s) and the Tax Identification Number or Exemption Code (refer to Explanatory Note 4)

Country	Tax Identification No.
<input type="text"/>	<input type="text"/>

Country	Tax Identification No.
<input type="text"/>	<input type="text"/>

Countries of Citizenship (mandatory)

In which country(s) do you hold citizenship? You **must** tick at least one box.

- Australia
- Country(s) other than Australia. Please list country(s)
- | | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Contact Details

Email Address

You **must** complete at least one contact number (and tick your preferred contact number)

Mobile	<input type="text"/>	<input type="checkbox"/>
Home	<input type="text"/>	<input type="checkbox"/>
Work	<input type="text"/>	<input type="checkbox"/>
Fax	<input type="text"/>	<input type="checkbox"/>

Tax File Number or Exemption Code (optional) (refer Explanatory Note 1)

- -

Job Category and Type (mandatory)

(see the *Job and Industry Classifications List* available from the website for a list of acceptable Job Categories and Types)

Job Category

Job Type

Are you a sole trader?

Yes No

If yes, complete the next 2 questions:

Sole Trader Business Name

Sole Trader ABN (optional) (refer Explanatory Note 1)

- - -

Online access (refer Explanatory Note 2)

Nominate a Username and Temporary Password below (if you have an existing Username this will be used)

Username (6 to 16 alphanumeric characters)

Temporary Login Password (6 to 16 alphanumeric characters, and must not contain the word "password")

You **must** provide a Temporary Login Password for online access. Please make a note of the Temporary Login Password you have nominated as you will be asked to change your Password upon your first login.

Identification

Select one of the options below:

- If you are an existing Commonwealth Bank customer, please supply the following (**preferred**):

Existing Product Name

BSB (if applicable)	Account Number
<input type="text"/>	<input type="text"/>

- My adviser will complete the Identification for Individuals and Trust section of this application (**preferred**)
- My adviser will provide an FSC/FPA ID Form (**preferred**)
- I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

Overseas Applicants Only

Reason for seeking account in Australia



Where to from here?

Company/Company Trust/SMSF Applicants – Please provide your Company/Company Trustee details in Section 3.

Individual Trust/Joint Trust/SMSF Applicants – Please provide your trust details in Section 4.

Otherwise – Please complete your Settlement details in Section 5.

Applicant 2/Director 2/Trustee 2

In what capacity are you completing this section:

- Individual Director/Secretary Trustee



For joint accounts, statements and notices will only be posted to the first applicant's Postal Address.

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Other name/s commonly known by (if applicable)

Date of Birth	Gender
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

Address Details

Same as Applicant 1 **Or**, complete the following

Residential Address (cannot be a PO Box)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
State	Postcode
<input type="text"/>	<input type="text"/>
Country (if not Australia)	<input type="text"/>

Section 2 – Personal Details (continued)

Postal Address Same as Residential Address

State	Postcode
Country (if not Australia)	

Countries of Residence (mandatory)

In which country(s) do you reside in or are a resident of? You **must** tick at least one box.

- Australia
- Country(s) other than Australia. Please list country(s)

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Countries of Tax Residence (mandatory)

Which country(s) are you required / liable to pay tax or submit a tax return? You **must** tick at least one box.

- Australia
- Country(s) other than Australia
Please list the country(s) and the Tax Identification Number or Exemption Code (refer to Explanatory Note 4)

Country	Tax Identification No.

Country	Tax Identification No.

Countries of Citizenship (mandatory)

In which country(s) do you hold citizenship? You **must** tick at least one box.

- Australia
- Country(s) other than Australia. Please list country(s)

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Contact Details

Email Address (must be applicant's email address)

You **must** complete at least one contact number (and tick your preferred contact number)

Mobile	<input type="text"/>	<input type="checkbox"/>
Home	() <input type="text"/>	<input type="checkbox"/>
Work	() <input type="text"/>	<input type="checkbox"/>
Fax	() <input type="text"/>	<input type="checkbox"/>



Further applicants required?

Please photocopy and complete this section to add additional applicants if required.

Tax File Number or Exemption Code (optional)
(refer Explanatory Note 1)

Job Category and Type (mandatory)

(see the *Job and Industry Classifications List* available from the website for a list of acceptable Job Categories and Types)

Job Category

Job Type

Are you a sole trader?

- Yes No

If yes, complete the next 2 questions:

Sole Trader Business Name

Sole Trader ABN (optional) (refer Explanatory Note 1)

Online access (refer Explanatory Note 2)

Nominate a Username and Temporary Password below (if you have an existing Username this will be used)

Username (6 to 16 alphanumeric characters)

Temporary Login Password (6 to 16 alphanumeric

characters, and must not contain the word "password")

You **must** provide a Temporary Login Password for online access. Please make a note of the Temporary Login Password you have nominated. You will be asked to change your Password upon your first login.

Identification

Select one of the options below:

- If you are an existing Commonwealth Bank customer, please supply the following (**preferred**):

Existing Product Name

BSB (if applicable)

Account Number

- My adviser will complete the Identification for Individuals and Trust section of this application (**preferred**)
- My adviser will provide an FSC/FPA ID Form (**preferred**)
- I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

Overseas Applicants Only

Reason for seeking account in Australia



Where to from here?

Company/Company Trust/SMSF Applicants – Please provide your Company/Company Trust details in Section 3.

Individual Trust/Joint Trust/SMSF Applicants – Please provide your trust details in Section 4.

Otherwise – Please complete your Settlement details in Section 5.

Section 3 – Company Details

Company Name

Australian Company Number (ACN)

Registered Business Name

What type of Company is applying? (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?

ABN and TFN Details

Australian Business Number (ABN) (optional)
(refer Explanatory Note 1)

 - - -

Company Tax File Number (TFN) or Exemption Code
(optional) (refer Explanatory Note 1)

 - -

Company Industry Category and Type (mandatory)

(see *Job and Industry Classifications List* available from the website for a list of acceptable Industry Categories and Types) e.g. personal investment companies are Category 'Personal and Other Services and Type 'Individuals')

Company Industry Category

Company Industry Type

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, complete the next question.



If you are a Company Trustee of a SMSF, you are not required to complete the following question. Please go to Address Details

Are any Company Applicant(s), Director(s) or Shareholder(s) tax resident(s), citizen(s) or a resident(s) of country(s) other than Australia?

Yes No

(If Yes: please complete and return the supplementary Entity Classification (W-8BAR-E) Form' with the completed Account Application Form.)

Address Details

Same as Applicant 1 **Or**, complete the following:

Registered Business Address (cannot be a PO Box)

<input type="text"/>	
<input type="text"/>	
State	Postcode
Country (if not Australia)	

Postal Address Same as Registered Business Address

<input type="text"/>	
<input type="text"/>	
State	Postcode
Country (if not Australia)	

Principal Place of Business (cannot be a PO Box)

Same as Registered Business Address

<input type="text"/>	
<input type="text"/>	
State	Postcode
Country (if not Australia)	

CHES Registration Address

The postal address will be used as the CHES registration address. If you would not like this to happen, please provide a CHES registration address below:

<input type="text"/>	
<input type="text"/>	
State	Postcode
Country (if not Australia)	

Contact Details

Same as Applicant 1 **Or**, complete the following:

Email Address

Phone

Additional Director Details

Please list the full name/s of **all** Additional Directors of the foreign company or domestic proprietary that are not listed as an Applicant in Section 2. If there are more than 2 Additional Directors, please photocopy this section, complete and attach to your Application.

Additional Director 1

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Additional Director 2

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Beneficial Owner Details - (mandatory for Proprietary/Private Companies)

A. Are there any individuals who own 25% or more of the shares in the Company, either directly or indirectly? You must make a selection below:

- Yes Please provide details of all such individuals in the sections below
- No Please answer question B

Section 3 – Company Details (continued)

B. Are there any individuals who control 25% or more of the shares in the entity, either directly or indirectly, for example through voting rights?

- Yes Please provide details of all such individuals in the sections below
- No In that case, please provide details below of 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 they hold, e.g. the CEO, Managing Director or equivalent)

Please note the details of at least one individual must be provided in the section below.

For any additional individuals please photocopy this section, complete and attach to your application.

Individual 1

- Same as Applicant 1 **Or**, complete the following
- Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Date of Birth

Gender

- Male Female

Email Address (optional)

Residential Address (cannot be a PO Box)

State

Postcode

Country (if not Australia)

Identification

Select one of the options below:

- My adviser will complete the Identification for Individuals and Trust section of this application (preferred)
- My adviser will provide an FSC/FPA ID Form (preferred)
- I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

Individual 2

- Same as Applicant 2 **Or**, complete the following
- Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Date of Birth

Gender

- Male Female

Email Address (optional)

Residential Address (cannot be a PO Box)

State

Postcode

Country (if not Australia)

Identification

Select one of the options below:

- My adviser will complete the Identification for Individuals and Trust section of this application (preferred)
- My adviser will provide an FSC/FPA ID Form (preferred)
- I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

Individual 3

- Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Date of Birth

Gender

- Male Female

Email Address (optional)

Residential Address (cannot be a PO Box)

State

Postcode

Country (if not Australia)

Identification

Select one of the options below:

- My adviser will complete the Identification for Individuals and Trust section of this application (preferred)
- My adviser will provide an FSC/FPA ID Form (preferred)
- I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

If the Company was not established in Australia, please complete the next five questions:

Country of formation/incorporation/registration

What is the Company's business activity?

What is the purpose of seeking a bank account in Australia?

Section 4 – Trust Details (continued)

- For other trust types, I will attach a certified copy of extract of the Trust Deed. The extract should include the page(s) which 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).

Additional Trustee Details

Please list the full names of all Additional Trustees that are not listed as an Applicant in Section 2. If there are more than 2 Additional Trustees, please photocopy this section, complete and attach to your application.

Additional Trustee 1

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Date of Birth

Gender

Male Female

Email Address (optional)

Residential Address (cannot be a PO Box)

State

Postcode

Country (if not Australia)

Identification

Select one of the options below:

- My adviser will complete the Identification for Individuals and Trust section of this application (preferred)
- My adviser will provide an FSC/FPA ID Form (preferred)
- I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

Additional Trustee 2

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Date of Birth

Gender

Male Female

Email Address (optional)

Residential Address (cannot be a PO Box)

State

Postcode

Country (if not Australia)

Identification

Select one of the options below:

- My adviser will complete the Identification for Individuals and Trust section of this application (preferred)
- My adviser will provide an FSC/FPA ID Form (preferred)
- I will attach certified copies of ID (Your ID documents must be in the exact same details as those provided in this application. See the *Identification Documentation Requirements* available from the website for more information.)

Beneficiary Details

Please 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

Beneficiary 1

Same as Applicant 1 **Or**, complete the following:

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Beneficiary 2

Same as Applicant 2 **Or**, complete the following:

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

If the Trust was not established in Australia, please complete the following three questions.

What country was the Trust established in?

What is the objective of the Trust?

What is the purpose of seeking an account in Australia?



Where to from here?

All Applicants – Please complete your Settlement details in Section 5.

Section 5 – Settlement Options

Please complete either the nominated bank account details or Third Party Settlement details if you wish to settle from an existing third party settlement provider.

Nominated bank account

You must provide a nominated bank account to settle your share trades and/or other subscriptions on your account. The nominated bank account must be in the same entity name/s provided in this application.

New CBA Accelerator Cash Account
(please complete Section 6)

Or

Bank Account

Account Name

BSB

Account Number



If this bank account is a joint account where one or more parties are not applicants on this share trading account, you **MUST** provide identification for them and have them sign the Client Declaration section of this form.

Or

Third Party Settlement

(e.g. Margin Loan or WRAP Account)

Complete only if you intend to settle your share trading transactions through a Third Party Settlement provider.

Third Party Settlement Provider (e.g. Margin Lender)

Third Party Settlement PID

Third Party Account Number

Third Party Settlement Account Name

Third Party Contact Person (if known)

Third Party Contact Number (if known)

Dividend Redirection Request

Please have my dividends paid directly to my linked Bank Account.

This is not applicable for Third Party Settlements, such as a Margin Loan. We will automatically send your BSB and Account Number to the share registries for all existing and new holdings each time you purchase securities on your CHESS Sponsored Share Trading Account with the Participant.



Not all companies or share registries support electronic payment of dividends or their direction. If you hold shares in one of these companies, you may still receive dividend cheques to your registered address.



Where to from here?

If you selected 'New CBA Accelerator Cash Account' – Please complete Section 6.

For CHESS Sponsorship Requests – Please complete Section 7.

If you chose the 'Identification for Individuals and Trust' identification option in section 2, 3 or 4 – Please proceed to Section 8.

Otherwise – Proceed to the Client Declaration in section 9 to complete the application.

Section 6 – CBA Accelerator Cash Account

ADVISER USE ONLY

Account Number (if generated over the phone)

BSB: 067167 A/C:

This account number is not active until you receive confirmation that the account has been opened.



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.

Initial deposit to be made by:

Please 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

- I have attached a cheque to the completed application
- I will transfer funds once I receive the BSB and account number

Is a deposit book required?

No Yes

Is a cheque book required?

No Yes



The initial applicant listed on this application will be the primary mail recipient for cheque books and/or deposit book requested.

Section 6 – CBA Accelerator Cash Account

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 Keycard
- Yes, link to an existing Commonwealth Bank card
Existing Card Number
- -
 -

Is NetBank Access required?

- No Yes *^

Applicant 2

Is ATM/EFTPOS access required?

- No
- Yes, issue a new Keycard
- Yes, link to an existing Commonwealth Bank card
Existing Card Number
- -
 -

Is NetBank Access required?

- No Yes *^

* If you are an existing NetBank customer, your new account will be added to your NetBank login. If you do not currently have access to NetBank, we will automatically create login details for you.

^ In order for a NetBank login to be created, you must provide both an email address **and** a mobile number in the contact details of this form.

Statements and Notices:

You can elect to receive your statements and notices online. 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 (additional fees may be incurred).

Statement Delivery Address (for paper statements)

- Same as Applicant 1

Or, complete the following

Name

Address Details

<input type="text"/>	
<input type="text"/>	
State	Postcode
Country (if not Australia)	

For Trusts Only

Are the funds in this account held in trust?

- No Yes

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 predominantly for personal or domestic use?

- No Yes

Signature requirements for operation of joint/company (including trusts) accounts only:

- 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).



Where to from here?

For CHES Sponsorship Requests – Please complete Section 7.

If you chose the 'Identification for Individuals and Trust' identification option in section 2, 3 or 4 – Please proceed to Section 8.

Otherwise – Proceed to the Client Declaration in section 9 to complete the application.

Section 7 – CHESS Sponsorship Request

It may be necessary to re-lodge your standing instructions with the share registries after some transfers. These include tax file numbers, banking details or dividend instructions.

Your trading account will be CHESS sponsored by the Participant unless you have provided Third Party Settlement details.



The Name and registration detail that appears on your current registered holdings **must** be the same as that which appears on your Share Trading Account. If this requirement is not met any request to transfer holdings may be delayed or rejected.

Please tick the option/s you are requesting:

ISSUER to BROKER SPONSORSHIP

Transfer my/our Issuer Participant Sponsored Holdings to the Participant. (Please attach copies of all relevant holdings Statements)

Securityholder Reference Number (SRN)

ASX Code or Security Name

Qty

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

Securityholder Reference Number (SRN)

ASX Code or Security Name

Qty

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

Securityholder Reference Number (SRN)

ASX Code or Security Name

Qty

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

Security holder Reference Number (SRN)

ASX Code or Security Name

Qty

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

I/We authorise the Participant to convert the above listed Holding/s into my/our Share Trading Account.

BROKER to BROKER TRANSFER

You may select to either transfer all or part of your existing broker holdings.

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.

Broker to Broker Transfer Instructions:

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

or

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

ASX Code or Security Name

Qty

ASX Code or Security Name	Qty



Where to from here?

If you chose the 'Identification for Individuals and Trust' identification option in section 2, 3 or 4 – Please proceed to Section 8.

Otherwise – Proceed to the Client Declaration in section 9 to complete the application.

Section 8 – Identification for Individuals and Trust



This section will be completed based on the identification and verification conducted by the adviser.

Your adviser will complete this section if you chose this identification option in Section 2. If there are more than 2 applicants, please photocopy this section, complete and attach to your application.

ID Document Details Applicant 1/Director 1/Trustee 1

Document 1

Verified From Original Certified Copy
Document Type (e.g. Passport)

Issue Date Expiry Date

Document Number

Accredited English Translation N/A Sighted

Document 2

Verified From Original Certified Copy
Document Type (e.g. Passport)

Issue Date Expiry Date

Document Number

Accredited English Translation N/A Sighted

ID Document Details Applicant 2/Director 2/Trustee 2

Document 1

Verified From Original Certified Copy
Document Type (e.g. Passport)

Issue Date Expiry Date

Document Number

Accredited English Translation N/A Sighted

Document 2

Verified From Original Certified Copy
Document Type (e.g. Passport)

Issue Date Expiry Date

Document Number

Accredited English Translation N/A Sighted

ID Document Details Beneficial Owner 1/Additional Trustee 1

Document 1

Verified From Original Certified Copy
Document Type (e.g. Passport)

Issue Date Expiry Date

Document Number

Accredited English Translation N/A Sighted

Document 2

Verified From Original Certified Copy
Document Type (e.g. Passport)

Issue Date Expiry Date

Document Number

Accredited English Translation N/A Sighted

ID Document Details Beneficial Owner 2/Additional Trustee 2

Document 1

Verified From Original Certified Copy
Document Type (e.g. Passport)

Issue Date Expiry Date

Document Number

Accredited English Translation N/A Sighted

Document 2

Verified From Original Certified Copy
Document Type (e.g. Passport)

Issue Date Expiry Date

Document Number

Accredited English Translation N/A Sighted

Section 8 – Identification for Individuals and Trust (continued)

ID Document Details Beneficial Owner 3

Verified From Original Certified Copy

Document Type (e.g. Passport)

Issue Date

Expiry Date

Document Number

Accredited English Translation N/A Sighted

Document 2

Verified From Original Certified Copy

Document Type (e.g. Passport)

Issue Date

Expiry Date

Document Number

Accredited English Translation N/A Sighted

Trust Deed Documentation Details

Verified From Original Certified Copy

Trust Name as it appears on Document

Issue Date



Where to from here?

All applicants – Proceed to the Client Declaration in section 9 to complete the application.

Section 9 – Declaration & Signature/s

All applicants must sign this 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.

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 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.
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;

Section 9 – Declaration & Signature/s (continued)

- (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) 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 by me/us in this application including my/our Citizenship, Residency and Tax Residency status, or to my/our adviser, to enable the Bank to comply with the United States Foreign Account Tax Compliance Act and any related laws designed to implement those laws in Australia (FATCA), is complete and correct. I/we will promptly notify the Bank and provide any changes to the information provided by me/us in connection with FATCA.
7. I/We acknowledge that the Bank may require further information from me/us from time to time in order to meet its obligations under AML/CTF Laws, FATCA or its internal policies and procedures, and I/we agree to provide the Bank with whatever additional information is reasonably required in order for the Bank to meet its obligations under AML/CTF Laws, FATCA and or its internal policies and procedures.

8. (Company and Trust 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.

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

- i) We may pay an ongoing commission to your agent (adviser) who referred you to us, or to a third party associated to that agent.
- ii) By signing this Application Form and the Wholesale Client Form, you consent to the payment of commission.
- iii) You can cancel the payment of any ongoing commissions by instructing CommSec Adviser Services in writing.
- iv) You can elect to pay any ongoing commissions to another agent you appoint in the future by instructing CommSec Adviser Services in writing.
- v) 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

Signature

Date

Applicant 2/ Director 2/ Trustee 2

Full Name

Signature

Date

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

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. I have performed the necessary identification checks required by law and any other relevant authority and I have sufficient evidence of this check that will be kept for seven years. Commonwealth Bank of Australia is authorised to take instruction/s from this client's adviser on behalf of the applicant/s.
3. As the adviser, I acknowledge that the Participant relies upon us to perform the necessary ID check in order to satisfy their requirements and that the Participant can request copies of identification at any time. I acknowledge that the process for providing assurance of client identification to the Participant may change, at the Participant's discretion, at any time.

Section 9 – Declaration & Signature/s (continued)

4. As the adviser, I acknowledge that I will send a copy of all documents used to verify my client's details to the Participant together with the application form. I acknowledge that the copy must be made from an original document and include a statement "This is a true copy of the original document" (or similar wording) and my signature.
5. 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.
6. 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.
7. As the adviser, I declare that the FATCA information provided is reasonable considering the documentation provided.

Adviser Name

Signature of adviser

Date



Where to from here?

If you completed Section 6 and wish to provide your adviser Authority to Operate your Cash Account – please complete Section 10.

If you meet the wholesale client criteria for the payment of commissions for your CBA ACA account - please complete the Wholesale Client Form available from the website and provide any necessary supporting documentation with the completed Application Form.

If not, you are now complete:

- Please email or fax your completed Application Form to us to the details on the front of this application.
- Where your forms are completed correctly and all required documentation is received, we will activate your new trading account within 2 business days.
- You will receive an email notification from us once your account has been established
- Please ensure that you have made a note of your Username and Temporary Login Password so that you can access your share trading account as soon as it has been activated. You must make a reasonable attempt to disguise your Username and Temporary Login Password if you write it down – that is scramble details in such a way that others will not be able to decode it.

Section 10 – Adviser Authority to Operate on your Cash Account



Only complete the below information if you completed Section 6 and would like to provide your adviser with authority to conduct transactions 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.

Section 10 – Adviser Authority to Operate on your Cash Account (continued)

Applicant/s Signature/s

Applicant 1/Director 1/Trustee 1

Full Name

Signature

Date

Applicant 2/Director 2/Trustee 2

Full Name

Signature

Date

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

Authorised Adviser/s Signature/s

Adviser 1

Full Name

Signature

Date

Adviser 2

Full Name

Signature

Date



Where to from here?

You are now complete:

- Please email or fax your completed Application Form to us to the details on the front of this application.
- Where your forms are completed correctly and all required documentation is received, we will activate your new trading account within 2 business days.
- You will receive an email notification from us once your account has been established.
- Please ensure that you have made a note of your Username and Temporary Login Password so that you can access your share trading account as soon as it has been activated. You must make a reasonable attempt to disguise your Username and Temporary Login Password if you write it down – that is scramble details in such a way that others will not be able to decode it.

Share Trading Application Guide

This application guide provides additional information that may assist you in filing out the application form. The application comprises multiple sections. Please refer to the matrix below to determine which sections are applicable to your application. Once completed and signed, please return the application form by email or fax.



Identification and Documents Required

- Please note all fields are **mandatory** to complete within each required section unless otherwise specified
- We are required by law to identify applicants, including Beneficial Owners of Companies and Additional Trustees of Trusts. All Individuals who **are not** existing clients need to provide evidence of identification as per the options provided in the relevant sections of the application form. **See the Identification Documentation Requirements available from the website for more information.**
- If you elect an identification method which requires you to provide supporting documents, then,
 - Proof of identification documents must be in the exact same details provided in this application;
 - If identification is conducted by an adviser, a photocopy must be made from the original document and include a statement “This is a true copy of the original document” (or similar wording) and the agent's signature.
 - If any Company or Trust Applicant(s), Beneficiary(s), Trustee(s), Director(s) or Shareholder(s) are tax resident(s), citizen(s) or a resident(s) of any country(s) other than Australia, they must complete and return an ‘Entity Classification (W-8BAR-E) Form’ available from the website with this Application Form.

APPLICATION INSTRUCTIONS

Account Type	Mandatory Sections	May be Applicable	Instructions
Individual e.g. Peter John Brown	1, 2, 5 & 9	6 & 10 – CBA Accelerator Cash Account clients 7 – Clients transferring stock from another broker 8 – Non-CBA Customers	No Account Designation or Trust Use full given and last names of individual. Individual to sign
Joint e.g. Peter John Brown & Susan Alice Brown	1, 2, 5 & 9	6 & 10 – CBA Accelerator Cash Account clients 7 – Clients transferring stock from another broker 8 – Non-CBA Customers	No Account Designation or Trust Use full given and last names of individuals All individuals to sign
Company Bokum Pty Ltd	1, 2, 3, 5 & 9	6 & 10 – CBA Accelerator Cash Account clients 7 – Clients transferring stock from another broker 8 – Non-CBA Customers	No Account Designation Use full company name At least 2 company officers (2 Directors, or 1 Director and 1 Secretary) or Sole Director/Secretary to sign
Trust (Individual as Trustee) e.g. Peter John Brown & Susan Alice Brown	1, 2, 4, 5 & 9	6 & 10 – CBA Accelerator Cash Account clients 7 – Clients transferring stock from another broker 8 – Non-CBA Customers	Account Designation e.g. Brown Family A/C The words “as trustee for” or “trust” should not be used. Use name(s) of trustee(s) or custodian(s) instead of trust name, fund name or name of minor. For Superannuation Fund, “S/F” should be used in place of “Super Fund”. All trustees to sign
Trust (Company as Trustee) e.g. Bokum Pty Ltd	1, 2, 3, 4, 5 & 9	6 & 10 – CBA Accelerator Cash Account clients 7 – Clients transferring stock from another broker 8 – Non-CBA Customers	Account Designation e.g. Bokum Family A/C The words “as trustee for” or “trust” should not be used. Use name/s of trustee/s or custodian/s instead of trust name, fund name or name of minor. For Superannuation Fund, “S/F” should be used in place of “Super Fund”. All trustees to sign

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. USERNAME

If your nominated Username is already in use, we will nominate a similar alternative on your behalf. You will receive confirmation of your Username with your Welcome Letter or Email.

3. 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.

4. TAX IDENTIFICATION NUMBER (TIN)

A Tax Identification Number is a primary identification number used for tax purposes worldwide. The reference to the 'Tax Identification Number' may differ depending on country.

For example:

Country	Number Reference
Australia	Tax File Number
United Kingdom	National Insurance Number
New Zealand	Inland Revenue Department Number
Singapore	Identity Number

Please phone the Adviser Cash Team on **1800 252 351** or further clarification.