

Change of Client Details 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.

Form ID: 1011

Where to send this form?

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

Adviser use only: Use this Form ID to securely submit the documents via eSubmit. To use eSubmit, log into the CommSec Adviser Services website and go to: **Administration > eSubmit**



Use this form to update your address, contact details, personal name, company details and SMSF/Trust Account Designation on your Trading Account.



By completing this form you are requesting us to update details on your Trading Account. To update details on your linked Commonwealth Bank Accelerator Cash Account please go to our website to download the relevant Cash Management form.

Section 1 – Client Existing Details

Trading Account Number

Trading Account Name

Australian Company Number (ACN) (if applicable)

Existing Residential Address

State	Postcode
Country (if not Australia)	

Section 2 – Type of Change

- Address Details - Go to Section 3 for Individuals
- Go to Section 6 for Company
- Contact Details - Go to Section 4 for Individuals
- Go to Section 6 for Company
- Personal Name - Go to Section 5
- Company Details - Go to Section 6
- Company Director - Go to Section 6
- SMSF/Trust Account Designation - Go to Section 7

Section 3 – New Address Details

New Residential Address (cannot be a PO Box)

State	Postcode
Country (if not Australia)	

New Postal Address Same as Residential Address (must be the client's postal address if no email address is provided)

State	Postcode
Country (if not Australia)	

New CHESS Registration Address

- Same as New Residential Address
- Same as New Postal Address

State	Postcode
Country (if not Australia)	

Section 4 – New Contact Details

Email Address (must be the client's email address)

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"/>

Section 5 – Change Personal Name

Previous Personal Name

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Other name/s commonly known by (if applicable)

New Personal Name

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Other name/s commonly known by (if applicable)

Please tick the type of name change and provide certified copies of the following documentation to support the change

Type of Change	Certified Documentation Required
<input type="checkbox"/> Change of personal name due to marriage	<ul style="list-style-type: none">• Marriage Certificate
<input type="checkbox"/> Change of personal name due to divorce	<ul style="list-style-type: none">• Decree nisi• Birth Certificate
<input type="checkbox"/> Change of personal name due to formal name change	<ul style="list-style-type: none">• Change of name certificate
<input type="checkbox"/> Add or remove middle name	<ul style="list-style-type: none">• Acceptable form of ID* showing requested name details
<input type="checkbox"/> Revert to previous name	<ul style="list-style-type: none">• Birth Certificate• Marriage Certificate
<input type="checkbox"/> Change of salutation	<ul style="list-style-type: none">• Signed request from client
<input type="checkbox"/> Extension of first name	<ul style="list-style-type: none">• ID showing correct name details in full

*See the *Identification Documentation Requirements* available from the website for more information.

Section 6 – Change of Company Details

Change of Company Name

Please attach a copy of the 'Certificate of Registration of Change of Name' from ASIC.

New Company Name

Change of Company Address Details



Please complete Section 3 to change the address of Company Director/Secretary operating the account.

New Registered Business Address (cannot be a PO Box)

State

Postcode

Country (if not Australia)

New Postal Address

Same as Registered Business Address

State

Postcode

Country (if not Australia)

New Principal Place of Business Address (cannot be a PO Box)

Same as Registered Business Address

State

Postcode

Country (if not Australia)

Other CHES Registration Address (if not New Company Postal Address)

State

Postcode

Country (if not Australia)

Change of Company Contact Details

Email Address

Phone

()

Change of Company Director/Secretary

Complete this section to update the Director/Secretary on the company account. If there a more than 1 Director/Secretary to be removed/added please photocopy this section, complete and attach to the form.

Existing Director/Secretary Details

Please remove the Director/Secretary individual listed below from the company account

New Director/Secretary Details

In what capacity are you completing this section?

Director Secretary

Mr Ms Mrs Miss Dr Other

Given Name/s

Surname

Other name/s commonly known by (if applicable)

Date of Birth

Gender

Male Female

Address Details

Residential Address (cannot be a PO Box)

Form fields for Residential Address: Address line, State, Postcode, Country (if not Australia)

Postal Address Same as Residential Address

Form fields for Postal Address: Address line, State, Postcode, Country (if not Australia)

Contact Details

Email Address (must be Director/Secretary's email address)

Email Address input field

Tick your preferred contact number

Form fields for contact numbers: Mobile, Home, Work, Fax, each with a checkbox

Tax File Number (TFN) or Exemption Code (optional)

Providing your TFN 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.

Form fields for Tax File Number or Exemption Code

Online Access (Optional)

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

Username (6 to 16 alphanumeric characters)

Form fields for Username and Temporary Password

If your nominated Username is already in use, we will nominate a similar alternative on your behalf.

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

Form fields for Username and Temporary 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:

- My adviser will complete the Identification for the new Director/Secretary in Section 8 (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 form. See the Identification Documentation Requirements available from the website for more information).

Section 7 – Change of SMSF/ Trust Account Designation

Please provide an abbreviated version of the full name of the trust (up to 23 characters, including spaces).

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.

Form fields for abbreviated trust name

Please attach a certified copy of the front page of the Trust deed containing the trust name (and a deed of amendment if applicable) and showing the trustee's signature and witness signatures (if formal trust).



If there is a change to the trustees operating the account you are required to open a new trading account.

Section 8 – Identification for new Company Director/Secretary



Your adviser will complete this section if you chose this identification option in Section 6. If there are more than 1 new director/secretary, please photocopy this section, complete and attach to the form.

ID Document Details for Director/Secretary

Document 1

Verified From Original Certified Copy

Document Type (e.g. Passport)

Document Type input field

Issue Date

Issue Date input field

Expiry Date

Expiry Date input field

Document Number

Document Number input field

Accredited English Translation N/A Sighted

Document 2 (where applicable)

Verified From Original Certified Copy

Document Type (e.g. Passport)

Document Type input field

Issue Date

Issue Date input field

Expiry Date

Expiry Date input field

Document Number

Document Number input field

Accredited English Translation N/A Sighted

Section 9 – Declaration & Signature/s

All authorised signatories must sign this declaration for your instructions to be executed.

- I/We authorise you to act in accordance with my/our instructions provided above.
- I/We declare that the information provided on this form is 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.

For new Company Director/Secretary

- I/We acknowledge that I/we have received and agree to be bound by the Share Trading Terms and Conditions and consent to the uses and disclosures of my/our personal information set out in the Privacy Policy available from the website.

Name of Account Holder 1/Director/Secretary 1/Trustee 1

Name of Account Holder 2/Director/Secretary 2/Trustee 2

If you have requested a Change of Personal Name, please also sign using your previous personal name

If there are more than 2 authorised signatories, please photocopy this page and attach to the form.

Adviser Declaration & Signature

Identification and verification has been conducted and declare the following:

- I have been appointed by the client as their client adviser;
- I have identified the new Director/Secretary and completed the ID Document Details in Section 8 (if applicable).

Adviser Name

Authorised Representative of (Australian Financial Services Licensee)

AFSL Number