

Authority to Operate Authorised Signatory Registration Form

Form ID: 3024

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**

Important Note: Use this form to appoint authorised signatories in your office as authorised operators on your clients' Accelerator Cash Accounts. This form is to be used in conjunction with the Corporate Authority To Operate form completed by your clients.

Section 1 - Entity Details

Entity Name

Business Address

State

Postcode

If not Australia

Country

Postal Address

Same as Business Address

State

Postcode

If not Australia

Country

Email Address

YOU MUST PROVIDE AN EMAIL ADDRESS

Phone

()

Fax

()

Please select your Entity's method of operation for authorised signatories:

- Either** to sign
 More than one to sign
 More than two to sign

Section 2 - Authorised Signatories

Please photocopy this page if additional signatories are required.

Signatory 1

Full Name

Date of Birth

New Adviser Registration Form and original certified copy of Drivers' Licence/Passport attached

Signature

X

Signatory 2

Full Name

Date of Birth

New Adviser Registration Form and original certified copy of Drivers' Licence/Passport attached

Signature

X

Signatory 3

Full Name

Date of Birth

New Adviser Registration Form and original certified copy of Drivers' Licence/Passport attached

Signature

X

Signatory 4

Full Name

Date of Birth

New Adviser Registration Form and original certified copy of Drivers' Licence/Passport attached

Signature

X

Signatory 5

Full Name

Date of Birth

New Adviser Registration Form and original certified copy of Drivers' Licence/Passport attached

Signature

X

Section 3 - Acknowledgements

I/we

(Entity) authorise the Commonwealth Bank of Australia (CBA) to accept instructions from the above signatories being our employees, agents or contractors (each an Authorised Signatory) for any clients who provide to the CBA a duly completed Corporate Authority to Operate Form (Authority to Operate) pertaining to their Accelerator Cash Account(s) and to act on instructions provided in accordance with the Authority to Operate.

I/We warrant that I/we, and each Authorised Signatory, will only provide instructions to CBA within the authority provided by the client under the Authority to Operate Form and in accordance with the Terms and Conditions of the CBA Accelerator Cash Account.

I/we understand and acknowledge that the law requires clients to provide true and correct information and state all the names by which they are commonly known. I/we also understand that the law prohibits the use of false names, as well as giving, use or production of false or misleading information or documents in connection with an identification procedure.

I/we acknowledge that the Entity is responsible for the conduct of each Authorised Signatory listed below. I/we further acknowledge that I/we am/are responsible for promptly informing CBA in writing if there is any change to the list of authorised signatories below.

I/We acknowledge that CBA collects my/our particulars and the particulars of each Authorised Signatory in order to allow me/us to operate on the account.

I/We indemnify you against all claims, liabilities and costs which you may pay, suffer or incur by reason of any negligent, fraudulent, dishonest or reckless action of an Authorised Signatory in connection with this authority.

Representative 1

Position (eg. Director)

Full Name

Date of Birth

Signature

Date

Representative 2

Position (eg. Director)

Full Name

Date of Birth

Signature

Date