

Amscot Phone Application Form

Before completing this Account Application Form, please ensure you have read **Amscot's** Financial Services Guide (FSG). If an FSG has not been provided to you, please visit **Amscot's** website at www.amscot.com.au. As per **Amscot's** policy and the requirements of the law and the Australian Securities & Investments Commission ("ASIC"), you must provide certain information such as name, address and contact details. This Account Application Form collects such information.

Amscot treats information provided in this Account Application Form as confidential.

Section 1 Account Type

| Select one account only | Explanation | Example of CHESS Registered Account Name |
|--|---|--|
| <input type="checkbox"/> Individual | Full name | Mr Jack Adam Jones |
| <input type="checkbox"/> Joint | Full names | Mr Jack Adam Jones + Mrs Jill Eve Jones |
| <input type="checkbox"/> Company | Company Name | Jones Enterprises Pty Ltd |
| <input type="checkbox"/> Minor | Name of custodian(s), then name of minor | Mr Jack Adam Jones <Betty Jane Jones A/C> |
| <input type="checkbox"/> Trust | Full company name or Trustee's personal name(s), then name of Trust | Jones Enterprises Pty Ltd <Jones Family A/C> or Mr Jack Jones + Mrs Jill Jones < Jones Family A/C> |
| <input type="checkbox"/> Superannuation Fund | Full company name or Trustee's personal name(s), then name of Fund | Jones Enterprises Pty Ltd <Jones Superfund A/C> or Mr Jack Jones + Mrs Jill Jones <Jones Superfund A/C> |

Section 2 Company, Superannuation Fund, Minor Account, Partnership or Trust

Name of Company

Name of Fund, Minor or Trust

Please attach a certified copy of the relevant pages of the Trust Deed which identifies name of Trust, Trustees, Beneficiaries, Date and Place of Establishment of Trust.

ACN

Tax File Number

Partnership Name

Section 3 Applicant(s) Details (If there are more than 3 applicants / directors, please complete a separate sheet.)

Applicant 1 / Director

Mr / Mrs / Ms / Miss / Dr

For companies, you only need the company's TFN. Do not include the individual director's TFN.

Tax File Number

Date of Birth

DD / MM / YY

For security purposes, please provide a keyword that will help us identify you over the phone. This is compulsory and must be 8 – 15 characters.

Security Keyword

Primary Contact

YES / NO

Occupation

Employer

Existing Client

YES / NO

Existing Account Number

Contact Details

Home

()

Work

()

Mobile

Email Address^

☐

To comply with the ASIC Market Integrity Rules the first email address must be that of the account holder.

☐ Director ☐ Secretary

^ Confirmation Note will be sent to the email address provided unless you advise otherwise. If no email is provided, Confirmation Note will be mailed to the postal address as per Section 5

Applicant 2 / Director / Company Secretary

Mr / Mrs / Ms / Miss / Dr

For companies, you only need the company's TFN.
Do not include the individual director's TFN.

For security purposes, please provide a keyword
that will help us identify you over the phone. This is
compulsory and must be 8 – 15 characters.

Contact Details

Email Address^

☐☐

Director

☐

Secretary

Applicant 3 / Director / Company Secretary

Mr / Mrs / Ms / Miss / Dr

For companies, you only need the company's TFN.
Do not include the individual director's TFN.

For security purposes, please provide a keyword
that will help us identify you over the phone. This is
compulsory and must be 8 – 15 characters.

Contact Details

Email Address^

☐☐

Director

☐

Secretary

Section 4 Third Party Authority / Power of Attorney (if applicable)

(Third Party / Power of Attorney **must not** certify Identification pertaining to this application)

To authorise an individual to operate your account as a Third Party, please complete this section with their details.

Mr / Mrs / Ms / Miss / Dr

For security purposes, please provide a keyword
that will help us identify you over the phone. This is
compulsory and must be 8 – 15 characters.

Residential Address

Contact Details

Email Address^

☐

Section 5 Account Address Details – All correspondence will be sent to postal address

Residential Address (compulsory)

NOT a P.O. Box

(must match address on ID document)

Postal Address

If same as residential, please write "as above"

| | | |
|--------|-------|----------|
| | | |
| SUBURB | STATE | POSTCODE |
| | | |
| SUBURB | STATE | POSTCODE |

If you require **Amscot** to post your Confirmation Note, please tick the box accepting a charge of \$2.20 including GST per Confirmation Note posted within Australia. Overseas postage will be calculated based on country and current postal rates.

☐ Post Confirmation Note

Section 6 Bank Account Details (for direct credit of sale proceeds)

Bank account name(s) must be the same as registered **Amscot** trading account.

Name of Account Holder(s)

| | |
|-------------|----------------|
| | |
| BSB | Account Number |
| ____ - ____ | _____ |
| Bank | Branch |
| | |

Section 7 Margin Lending (if applicable)

| | |
|--------------------|-----------------|
| Margin Lender (ML) | Contact at ML |
| | |
| ML A/C Number | ML Phone Number |
| | |

Note: Please notify your Margin Lender that **Amscot** is your execution broker.

Section 8 Derivatives (if applicable)

If you would like to deal in Warrants, please tick the box.

☐ Warrants

Before you can deal in Warrants, you will need to:

- Read and agree to the Warrant Agreement contained in the Terms and Conditions available on our website and
- Read the ASX "Understanding trading and investment warrants" booklet available online at www.asx.com.au/documents/resources/understandingwarrants.pdf
- Read the Cboe "INVESTING IN WARRANTS" booklet available online at <http://cmsau.Cboe.com/Portals/15/Docs/Cboe%20Australia%20InvestingInWarrantsbooklet2015.pdf>

Section 9 Contingent Orders (if applicable)

If you would like to use Contingent Orders, please tick the box.

☐ Contingent Orders

Before you can use Contingent Orders, you will need to:

- Read and agree to the Contingent Orders Agreement contained in the Terms and Conditions available on our website; and
- Hereby declare:
 - a. That I/we understand and agree to be bound by:
 - the Contingent Order Terms & Conditions;
 - the Contingent Order Disclosure Statement; and
 - by the **Amscot** Client Agreement
 - b. That I/we understand and accept the risks associated with placing Contingent Orders; and
 - c. That I/we agree to only place our Contingent Orders directly through **Amscot's** dealing desk and not by email or fax.

Section 10 Partly Paid Shares (if applicable)

If you would like to trade in Partly Paid Shares, please tick the box.

☐ Partly Paid Shares

Before you can deal in Partly Paid Shares, you will need to:

- Read and agree to the ASX Partly Paid Security Agreement contained in the Terms and Conditions available on our website

Section 11 General

How were you introduced to **Amscot**?

- | | | | |
|---|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ASX | <input type="checkbox"/> Friend / Family | <input type="checkbox"/> Google | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Share Registry | <input type="checkbox"/> Work | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Other: _____ |
- (please specify)

Section 12 Direct Debit Request

Please complete these sections if you wish to authorise State One Stockbroking Ltd [SOSL] (Debit User Identification Number 244449) to direct credit/ debit funds from/ to your designated bank account.

Request and Authority to Debit

You request and authorise SOSL [Debit User Identification Number 244449] to arrange, through its own financial institution, for any amount SOSL may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to SOSL, subject to the terms and conditions of the Direct Debit Request Service Agreement [and any further instructions provided below].

Account Details

| | |
|---------------------------|---------------------|
| Name of Account Holder(s) | |
| Bank BSB Number | Bank Account Number |

Financial Institution Details

| |
|----------------|
| Bank Name |
| Branch Address |

Acknowledgement

By signing this Direct Debit Request, you acknowledge having read and understood the terms and conditions governing the debits arrangements between you and SOSL as set out in this Request and in your Direct Debit Request Service Agreement.

| | |
|-----------|-----------|
| Name | Name |
| Signature | Signature |

Direct Debit Request Service Agreement

DEFINITIONS

Account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

Agreement means this Direct Debit Request Agreement between you and us.

Banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

Debit day means the day that payment by you to us is due.

Debit payment means a particular transaction where a debit is made.

Direct debit request means the Direct Debit Request [DDR] between us and you.

Us or we means SOSL, (the Debit User) you have authorised by signing a direct debit request.

You means the customer who signed the direct debit request.

Your financial institution is the financial institution where you hold the account that you have authorised us to arrange to debit.

1. Debiting your account

1.1 By signing a DDR, you have authorised us to arrange for funds to be debited from your account. You should refer to the DDR and this agreement for the terms of the arrangement between us and you.

1.2 We will only arrange for funds to be debited from your account for the below:

- Fees and charges specified on our FSG or fees and charges agreed to by you as per our terms and conditions;
- If we have sent a trade confirmation (contract note) to the address nominated by you on this Direct Debit Request or subsequent change of address form or the email address nominated by you on the "Agreement form for Receipt of Confirmation (Contract) Notes in Electronic Form via Email" which specifies the amount payable by you to us and when it is due;

c) On submission of an Mfund application.

1.3 State One reserves the right to offset purchases and sales due on the same settlement date.

1.4 If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

2. Changes by us

2.1 We may vary any details of this agreement or a direct debit request at any time by giving you at least 1 days' written notice.

3. Changes by you

3.1 Subject to 3.2 and 3.3, you may change the arrangements under a direct debit request by notifying us in writing at [Amscot](#) Stockbroking PO Box 7625, Cloisters Square, Perth WA 6850 or by phone (08) 9288 3333 or by arranging it through your own Financial Institution.

3.2 If you wish to stop or defer a debit payment, you must notify us in writing by 10 o'clock the day before the next debit day. This notice should be given to us in the first instance.

3.3 You may also cancel your authority for us to debit your account at any time by giving us 5 days notice in writing before the next debit day. This notice should be given to us in the first instance.

4. Your obligations

4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the DDR

4.2 If there are insufficient clear funds in your account to meet a debit payment:

- You may be charged a fee and/ or interest by your financial institution;
- You may also incur fees or charges imposed or incurred by us; and

(c) You must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

4.3 You should check your account statement to verify that the amounts debited from your account are correct.

4.4 If SOSL is liable to pay goods and services tax ("GST") on a supply made in connection with this agreement, then you agree to pay State One on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5. Dispute

5.1 If you believe that there has been an error in debiting your account, you should notify us directly on (08) 92883333 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly.

5.2 If we conclude as a result of our investigation that your account has been incorrectly debited we will respond to your query and will arrange for your account to be adjusted (including interest and charge) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding.

5.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

6. Accounts

- You should check:
with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions.

(b) your account details which you have provided to us are correct by checking them against a recent account statement; and

(c) with your financial institution before completing the DDR if you have any queries about how to complete the DDR.

7. Confidentiality

7.1 We will keep any information (including your account details) in your DDR confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

7.2 We will only disclose information that we have about you:

- to the extent specifically required by law; or
- for the purposes of this agreement (including disclosing information in connection with any query or claim).

8. Notice

8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to:

State One Stockbroking Ltd
PO Box 7625
Cloisters Square
WA 6850

8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the DDR.

8.3 Any notice will be deemed to have been received on the third banking day after posting.

Section 13 Identification – Anti Money Laundering & Counter Terrorism Financing Requirements

Each Applicant, Third Party and Power of Attorney on this Account Application Form must ensure that they meet the identification requirements as outlined in the Anti Money Laundering and Counter Terrorism Financing Act ("AML/CTF"). Therefore each applicant in Section 3 (and 4 if Third Party Authority / Power of Attorney) is required to provide identification records as noted below.

We require you to provide an **original certified copy** of the documents listed below in order to meet our AML/ CTF obligations. Please do not send us your original documents such as your passport.

A. PRIMARY IDENTIFICATION DOCUMENTS FOR INDIVIDUALS

- ☐ Current licence or permit issued (**front and back**) under a law of a State or Territory containing the full name, date of birth and current residential address of the applicant is sufficient on its own. Best example of this would be a Driver's Licence.

If a Driver's Licence is not available, please provide identification as outlined below.

B. OTHER PRIMARY IDENTIFICATION DOCUMENTS plus one of the item in **SECTION C** below:

- ☐ Passport issued by the Commonwealth which may have expired within the previous 2 years
- ☐ International passport or Travel document which:
 - contains a photo and signature of the person in whose name the document is issued;
 - is issued by a foreign government, the United Nations or an agency of the United Nations; and
 - if written in a language not understood, accompanied by an English translation prepared by an accredited translator.
- ☐ Proof of Age Card (issued by an Australian State or Territory bearing the applicant's photograph, name and date of birth)
- ☐ A National Identity Card issued for the purpose of identity which:
 - contains a photograph and the signature of the person in whose name that document is issued;
 - issued by a foreign government, the United Nations or an agency of the United Nations; and
 - if written in a language not understood, accompanied by an English translation prepared by an accredited translator.
- ☐ Australian Birth Certificate or Birth Extract
- ☐ Australian Citizenship Certificate
- ☐ Pension card issued by Centrelink (front and back)

C. SECONDARY IDENTIFICATION DOCUMENTS – showing your name and current residential address as shown on the application form

- ☐ Letter from Centrelink within the **last 12 months** regarding a government assistance payment; OR
- ☐ Utilities bill or local government notice issued within the **last three months**; OR
- ☐ Notice issued by the ATO within the **last 12 months**

Additional Identification requirements for Non-Individual account types

Sole Trader

- ☐ Document(s) showing full business name (if any) and full address of the principal place of business (if any); and ABN (if any) e.g. Business Letterhead

Domestic Company

In addition to the Identification documents for each director/ secretary/ third party on the company account, please provide : -

- ☐ Document showing the full name of the company as registered by ASIC, the full address of the company's registered office in Australia, the full address of the company's principal place of business (if any); the ACN issued to the company e.g. Certificate of Incorporation and Company Letterhead

SMSF or Trust or Power of Attorney

In addition to the Identification documents for each Trustee(s)/ or Power of Attorney, please provide : -

- ☐ Document showing the type of trust and the country in which the trust was established and the full name of the trust e.g. trust deed or extract of the trust deed
- ☐ Enduring Power of Attorney document

Partnership or Other

In addition to the Identification documents for each Partner, please provide : -

- ☐ Document showing the full name of the partnership from an original partnership agreement; extract of the partnership agreement or extract of minutes of a partnership meeting
- ☐ Full registered business name and/ or trading name (if any) of the partnership from original letterhead
- ☐ The country in which the partnership was established
- ☐ If the partnership is regulated by a professional association, the name of the professional association and relevant membership details

CERTIFIED COPY

Certified copy means a document that has been certified as a true copy of the original document by one of the person described below.

How should documents be certified?

The certified photocopy must include a statement "**I certify that this is a true copy of the original document**", (or similar wording). The certifier must include their **full name, address, phone number, original signature** (photocopied signatures are not accepted) and **qualification or occupation** which makes that eligible on the photocopied identification.

People who can certify documents or extracts are : -

1. A person who is enrolled on the roll of the Supreme Court of a State or Territory or the High Court of Australia as a legal practitioner (however described);
2. A Judge of a Court;
3. A Magistrate;
4. A Chief Executive Officer of a Commonwealth Court;
5. A Registrar or Deputy Registrar of a Court;
6. A Justice of the Peace;
7. A Notary Public (for the purposes of the Statutory Declaration Regulations 1993);
8. A Police Officer;
9. A Pharmacist;
10. An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
11. A permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public;
12. An Australian Consular officer or an Australian Diplomatic officer (within the meaning of the Consular Fees Act 1955);
13. An officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993);
14. A finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993);
15. An officer with or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees;
16. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

Please note that for the purposes of this application, **Applicant(s) and Third parties cannot certify and/ or witness the Identification documents pertaining to this application.**

Section 14 Signing and Acknowledgement by Applicant(s)

Each Applicant (including any authorised Third Party / Power of Attorney) acknowledges by signing this Application that they have received, read on the date signed, understood and agree to be bound by the following documentation:

- Financial Services Guide available on the **Amscot** website www.amscot.com.au;
- Client Agreement which includes Online Trading Account - Terms and Conditions available on the **Amscot** website;
- Participant Sponsorship Agreement (for CHESS) contained in the Terms and Conditions;
- Explanation of Participant Sponsorship Agreement (for CHESS) contained in the Terms and Conditions;
- Best Execution Policy, Privacy Policy and Dealing Policies which are available on the **Amscot** website;
- Direct Debit Request Services Agreement (where applicable);
- CMA Application form (if applicable);
- Warrant Agreement (where applicable) contained in the Terms and Conditions;
- Warrants educational brochure "Understanding Trading and Investment Warrants" and "INVESTING IN WARRANTS" (where applicable).
- Contingent Orders Terms and Conditions (where applicable) as outlined in the Disclosure Statement; and
- ASX Partly Paid Security Agreement (where applicable) contained in the Terms and Conditions.

Each Applicant (including any authorised Third Party / Power of Attorney) by signing this Application agrees and / or confirms:

- That **Amscot** may remit funds to your Nominated Bank Account on request;
- That confirmations and other trading information may be sent to you electronically;
- To be sponsored by State One under the terms of the Participant Sponsorship Agreement;
- To be bound by the actions of any Third Party / Power of Attorney authorised to give instructions in respect of this account;
- That true certified copies of original identification documents have been supplied (as outlined in **Section 13**); and
- That **Amscot** provides an execution only service and as such is strictly non-advisory.

"Client" in the Client Agreement refers to the applicants in this Account Application Form.

| | Name | Signature | Date |
|---|------|-----------|--------------|
| Applicant 1 / Director (If sole director, please tick box) <input type="checkbox"/> | | X | DD / MM / YY |
| Applicant 2 / Director / Company Secretary | | X | DD / MM / YY |
| Applicant 3 / Director / Company Secretary | | X | DD / MM / YY |
| Third Party / Power of Attorney | | X | DD / MM / YY |

CHECK LIST

Please send the following information to **Amscot** by **POST** to the contact details provided:

- Completed Application Form
- Original Certified Identification (as outlined in Section 13)
- Completion of the appropriate Supplementary Anti-Money Laundering form

POST: **Amscot** Stockbroking
PO Box 7625
Cloisters Square
WA 6850

| OFFICE USE ONLY | | | | | |
|-----------------|----------|---------------|----------|------------------------------------|----------|
| Dealer | | Dealer Number | | A/C Number | |
| BR | | HIN | | Date | |
| CMA / DDR | Yes / No | ASX | | GST | Yes / No |
| Limit | | AML | L M H | Copy Confirmation | Yes / No |
| Sponsorship | Yes / No | ML | Yes / No | Approved on behalf of State One by | |
| Incomplete | Yes / No | DFAT | Yes / No | | |
| Initials | | Sign Off | | Approved on | / / |

Section 15 CHESS Sponsorship – Broker to Broker Transfer / Issuer Sponsored Holdings to CHESS Sponsorship

Amscot requires all Clients to be CHESS Sponsored for transactions on the ASX.

For the purposes of CHESS Sponsorship and the Participant Sponsorship Agreement, the following terms apply:

- "Sponsoring Participant" – State One Stockbroking Ltd ("State One") AFSL 247100. **Amscot** is a division of State One.
- "Participant Sponsored Holder(s)" – This is the collective applicant(s) in this Account Application Form.

Before proceeding, please ensure that you have read the Participant Sponsorship Agreement (for CHESS) contained in the Terms and Conditions.

Please note (attach a copy of the following statement):-

Broker to Broker – You must use the same registration details as per your CHESS Holding Statement held at your existing broker.

Issuer to CHESS – You must use the same registration details as per your current Issuer Sponsored Holdings Statement(s).

| | Title | Given Name(s) or Company Name | Last Name |
|--|--------|-------------------------------|-----------|
| Applicant 1 / Director | | | |
| Applicant 2 / Director / Company Secretary | | | |
| Applicant 3 / Director / Company Secretary | | | |
| Account Designation (if applicable) | < > | | |
| Existing Broker's Name | | | |
| | HIN | Broker's PID (if known) | |
| | X | | |
| Registration Address | | | |
| | SUBURB | STATE | POSTCODE |

☐ Transfer HIN and Holdings from existing broker

☐ Transfer those holdings listed below from existing broker

☐ Transfer my Issuer Sponsored holdings to CHESS

| Shareholder Reference Number (SRN) | ASX Code | Company Name (e.g. Telstra Limited) | Quantity |
|------------------------------------|----------|-------------------------------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Signing and Acknowledgement

By signing below, you authorise State One to execute the transfer detailed above into your **Amscot** account.

| Name | Signature | Date |
|--|-----------|--------------|
| Applicant 1 / Director | X | DD / MM / YY |
| Applicant 2 / Director / Company Secretary | X | DD / MM / YY |
| Applicant 3 / Director / Company Secretary | X | DD / MM / YY |
| Power of Attorney | X | DD / MM / YY |