

Client Account Number

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AUTHORISED PARTY FORM

Amscot Trading Account Name

Account Designation (if applicable)

Authorised Party Details

Title	Given Name(s)	Surname / Family Name
Mr / Mrs / Ms / Miss / Other: _____		

Residential Address

Date of Birth	Relationship
DD / MM / YYYY	

Email address

Authorised Party Contact Numbers

Home	Work	Mobile
()	()	

Existing Client	Existing Account Number	Security Keyword
YES / NO		

☐ I/We authorise the above email address to receive email confirmation notes

ACKNOWLEDGEMENT AND SIGNATURE

I/We hereby authorise and request you to accept and act upon any instructions issued by the signatory pursuant to this authority.
I/We (the Client) undertake and accept full responsibility of any actions taken by the signatory under this authority.

Authorised Party	Applicant 1 or Director	Applicant 2 or Director/Company Secretary
Name:	Name:	Name:
Signature:	Signature:	Signature:
Date:	Date:	Date:

Please send the completed form along with original certified copy of the
Authorised Parties Identification to:

Amscot Stockbroking
PO BOX 7625
CLOISTERS SQUARE WA 6850
Or Email: amscot@amscot.com.au