



ABN 95 092 989 083 | AFSL 247 100  
Participant of ASX, Cboe Australia, SSX & NSX

Client Account Number

### ASX PARTLY PAID SECURITY CLIENT AGREEMENT FORM with State One Stockbroking Ltd

amscot Trading Account Name
Account Designation (if applicable)

I/We hereby declare that:

- I/We am/are aware that a Partly Paid Security is a security which may require me/us to make a further payment or payments at some time in the future.
- I/We am/are aware that it is my/our responsibility to obtain and read a copy of the prospectus, product disclosure statement or information memorandum issued by an Issuer which sets out the particular features of, and rights and obligations attaching to, a Partly Paid Security before I/we place an order to buy a Partly Paid Security.
- I/we am/are aware that I/we may be liable for further payments on a Partly Paid Security and that a failure to make a further payment by the specified date(s) may result in an Issuer of a Partly Paid Security or their associates or agents taking action, including legal action, against me/us to recover the outstanding payments and/or may result in the forfeiture of my entitlement to the Partly Paid Security.
- I/We am/are aware that in certain circumstances I/we may be liable to make a further payment on a Partly Paid Security despite the fact that I/we may have disposed of a Partly Paid Security prior to the date that a further payment falls due.
- I/We am/are aware that I/we should monitor announcements made by the Issuer of a Partly Paid Security and that it is my/our responsibility to inform myself/ourselves of the date/s or circumstances that a further payment falls due and the last day that I/we can dispose of the Partly Paid Security before I/we am/are liable for a further payment.
- I/We am/are aware that the amount of a further payment may be unrelated to the financial performance of a Partly Paid Security and that the amount of the further payment may exceed the intrinsic value of a Partly Paid Security at the time a further payment falls due.
- I/We acknowledge that an obligation on me/us in relation to a Partly Paid Security, including an obligation to make a further payment, does not give rise to a claim against ASX or the Securities Exchanges Guarantee Corporation Limited.

**ACKNOWLEDGEMENT AND SIGNATURE**

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

Please send the completed form to:  
**amscot Stockbroking Ltd**  
PO Box 7625  
CLOISTERS SQUARE WA 6850  
Or Email: [amscot@amscot.com.au](mailto:amscot@amscot.com.au)