



Client has been referred to 'Best Execution Policy' (please tick)

DJ CARMICHAEL PTY LIMITED

Account Application – Australian Residents

Date _____ Adviser Code _____ Brokerage Rate _____ Account No. _____

Client Type	Classification			Account Features
<input type="checkbox"/> CLIENT (PRIVATE)	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> AET PMS	<input type="checkbox"/> BMMA	<input type="checkbox"/> WARRANT TRADING (AGREE1)
<input type="checkbox"/> STAFF (STAFF, NOLINEFE)	<input type="checkbox"/> WHI (OVERSEAS)	<input type="checkbox"/> AET PSF	<input type="checkbox"/> BWA CMT	<input type="checkbox"/> BUY & WRITE
<input type="checkbox"/> FAMILY (DEMOGRAPHICS)	<input type="checkbox"/> ETO	<input type="checkbox"/> SAM STANDARD	<input type="checkbox"/> MACQUARIE	<input type="checkbox"/> OVERSEAS RESIDENCY (OSRES1)
<input type="checkbox"/> DIRECTOR (DEMOGRAPHICS, NOLINEFE)	<input type="checkbox"/> SELL ONLY	<input type="checkbox"/> SAM FEE ONLY (NOLINEFE)	<input type="checkbox"/> INSTITUTIONAL (NOLINEFE)	<input type="checkbox"/> UPDATE KYC (KYCUPD)
<input type="checkbox"/> COMPANY		<input type="checkbox"/> MARGIN LENDING		<input type="checkbox"/> AGENCY AGREEMENT

FOR **ACCOUNT SUBTYPES** THAT ARE **BOLD** CLIENT MUST BE PROVIDED WITH SEPARATE STATEMENT OF ADVICE OR FEE DISCLOSURE (PLEASE ATTACH A COPY)

Registration Details

Company Name _____

**** For company accounts please insert the Authorised person's name below and also make sure that the Registered Company Address is also completed ****

ACN/ABN _____

Title _____ Surname _____ Given Names _____

Title _____ Surname _____ Given names _____

Title _____ Surname _____ Given names _____

Designation < _____ >

Residential Address / Registered Company Address [Compulsory]

_____ State _____ Postcode _____

Postal Address

Please tick if same as above

Please Indicate Registration Address Preference: (Registration will default to residential if no preference provided) Residential Postal

Contact Information [Compulsory]

Home Phone _____ Work Phone _____

Facsimile _____ Mobile _____

Contact person if Client is a Company _____

Guarantors - Please insert the Directors and/or Company Secretary Names below if account is a Company account.

Personal Information

Client 1 _____	Client 2 _____	Client 3 _____
DOB _____	DOB _____	DOB _____
Employer _____	Employer _____	Employer _____
Occupation _____	Occupation _____	Occupation _____
D/L No. _____	D/L No. _____	D/LNo. _____
Wage Income _____	Wage Income _____	Wage Income _____
Other Income _____	Other Income _____	Other Income _____

Residency Status - Are you an Australian Resident/Citizen? Please tick below for each Account Holder.

Client/Director 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Client/Director 2 <input type="checkbox"/> Yes <input type="checkbox"/> No	Client/Director 3 <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered 'No' please list Country of Residency below. _____	If you answered 'No' please list Country of Residency below. _____	If you answered 'No' please list Country of Residency below. _____

If 'NO' is ticked please complete an Overseas Resident Declaration Form and GST will not be charged.

Account Holder Information

	Cash	Securities	Home	Superannuation	Other
Assets	_____				
Liabilities	_____				

Investment Experience

Please **insert either 1, 2 or 3** in each box. Use the scale where 1 is no experience and 3 is highly experienced.

Equities	Derivatives	Margin Lending	Fixed Interest	Managed Funds	Money Market
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Investment Objectives

Please **tick one or more** of the following and use in conjunction with your Risk Profile and Investment Strategy

Income Yield (Low Risk)	Long Term Growth (Medium Risk)	Short Term Growth (High Risk)	Speculative (High Risk)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Investment Strategy (Compulsory completion for a Superannuation Fund Account)

OR

Client declined to provide personal and account holder information (Please tick to indicate)

Your Risk Profile

[Compulsory – Please indicate one of the below]

LOW **INVESTMENT OBJECTIVE – INCOME YIELD**
 You are a very conservative investor seeking minimal capital risk with a preference towards income generating investments.

MODERATE **INVESTMENT OBJECTIVE – LONG TERM GROWTH**
 You require a diversified investment portfolio and seek protection against the effects of inflation. You are prepared to accept some capital risk to achieve greater returns.

HIGH **INVESTMENT OBJECTIVE – SHORT TERM GROWTH OR SPECULATIVE**
 You seek higher long term capital gains and are prepared to compromise portfolio balance to achieve this. Your portfolio may be aggressively traded and/or invested in assets of a more speculative nature to maximise investment performance. You understand a strategy of this nature carries an inherent risk of capital loss and high volatility.

Account Options

Appointment of Authorised Signatory

You may wish to appoint a third party to trade on this account on your behalf (eg. Spouse, Accountant and/or Financial Planner). To do so please insert the Authorised Signatories' full names below and complete an **Appointment of Authorised Signatory form**. Please ensure a clear copy of certified identification with a specimen signature is provided for the Authorised Signatory when lodging this form.

1 _____ 2 _____

Existing Securities are Held (Please tick to indicate)

I/We are CHESS Sponsored with another Broker
Please complete Change of Sponsoring Broker Form.

I/We have existing Issuer Sponsored Holdings
Please forward copies of Issuer Sponsored Statements for conversion to CHESS.

Banking Details – Direct Credit and Direct Debit Settlement

We are pleased to offer both Direct Credit and Direct Debit settlement for your share transactions. To provide Pershing with authority please complete a **Direct Debit/Credit Authority form** and ensure that we have received all required new account documentation along with a clear copy of certified Identification when lodging this form.

Should Credit Authority not be provided please note that cheque settlement may incur a fee of \$16.50 including GST.

Electronic Delivery

If you would like to receive Confirmation Notes, Client Transaction Statements, Portfolio Updates, Research and Sponsored Holding Summaries by way of email, please provide your preferred email address below. By providing details below you confirm that you will not be receiving Confirmation Notes in the post, and you acknowledge the following:

I/We acknowledge that the conditions set out below apply to electronic Contract notes.

(i) the Rules, customs and usages of the Australian Stock Exchange, (ii) if the sale or purchase is in relation to CHESS Approved Securities, the ASX Settlement Operating Rules; and (iii) the corrections of errors and omissions. (iv) the ASX reserves the right to cancel any trade for the purpose of maintaining a fair, orderly and transparent market without client consent.

Please Note: If an email address is not provided below then all Confirmation Notes will be sent via the Post.

Email address for original Confirmation Note

Email address for Confirmation Note copy (optional)

Postal address for Confirmation
Note copy (optional)

Publications Requested

If you have provided an email address above, you will be automatically registered for delivery of DJ Carmichael research publications/reports as outlined below. Please tick below if you would **NOT** like to receive any of the following publications/reports. You may also opt out of receiving some or all of these by contacting your Adviser at a later date.

Morning Review (Morning) Weekly Research (Weekly) Company (Monthly) All (Calendar) Quarterly Report (QuartRes)

Execution by the Client

I / We hereby confirm that I / we have received, read and understood the Terms and Conditions.
I / We also confirm that we have read and understood the Privacy Brochure.

The Terms and Conditions attached to this Application form part of and are incorporated into this Application and the Client(s) agree to be bound by the Terms and Conditions.

Warning Regarding Insufficient Information

If you do not provide the above financial and investment information to DJ Carmichael Pty Limited, you agree your adviser has made reasonable inquiries to obtain this information and that, as a result of not providing this personal information, all personal securities recommendations are limited accordingly and may not be appropriate for your investment objectives, financial situation and particular needs.

Before signing please refer to our Terms & Conditions and Privacy Agreement. You may request a copy of either document or access both documents on our website via www.djcarmichael.com.au.

Note: Only legal entities are allowed to hold securities. Application Forms must be in the name(s) of a natural person(s), companies or other legal entities acceptable to the Company. At least one full given name and the surname is required for each natural person. Application Forms cannot be completed by persons under 18 years of age.

Individual or Joint Account – Please sign below



Signature of Investor 1

Date

Full Name of Investor 1 (Please print)



Signature of Investor 2

Date

Full Name of Investor 2 (Please print)



Signature of Investor 3

Date

Full Name of Investor 3 (Please print)

Company Account – Please sign below

Executed by _____

Insert Company Name.

Executed In accordance with Section 127 of the Corporations Act 2001

Please indicate which type of Company. (Please tick) Sole Director Two or more Directors



Signature of Director 1

Date

Full Name of Director 1 (Please print)



Signature of Director 2 / Secretary

Date

Full Name of Director 2 / Secretary (Please print)



Signature of Director 3

Date

Full Name of Director 3 (Please print)

Please attach a clear copy of **CERTIFIED IDENTIFICATION** with a specimen signature (Driver's License or Passport) for all applicants listed on this account (including Directors if Account is in a Company name) if this has not been provided previously. Note: Additional documentation may be required depending on the account you are establishing; please read the checklist for your account type thoroughly and attach all required documents

DJC Office Use Only: Execution by DJ Carmichael Pty Limited
(ABN 26 003 058 857), Signed for DJ Carmichael Pty Limited by

Date / /



Anti Money Laundering (AML) Identification Requirements Checklist

To ensure we meet identification requirements under AML/CTF rule 4.2.3 which require us to prove your **full name, date of birth and current residential address** (at minimum) we require you to provide the following ID:-

- a) One piece of Category A identification or :
- b) One piece of Category B ID as well as one item from Category C, which will confirm your residential address :

	Please tick ID provided			
Category A – Primary ID with Photograph				
Certified Copy of Current Australian Drivers License	<input type="checkbox"/>			
Certified Copy of National Identity card issued for the purpose of identification	<input type="checkbox"/>			
Category B – Primary Non-Photographic ID				
Certified Copy of Australian Passport (Current or (<2 years expired) + 1 item from Category C	<input type="checkbox"/>			
Certified Copy of Current Foreign Passport + 1 item from Category C	<input type="checkbox"/>			
Certified Copy of Proof of Age Card issued under law of an Australian State or Territory + 1 item from Category C	<input type="checkbox"/>			
Category C – Secondary ID				
Certified Copy of Birth Certificate (Australian or Foreign)	<input type="checkbox"/>			
Certified Copy of Birth Extract (Australian Only)	<input type="checkbox"/>			
Certified Copy of Australian Citizenship Certificate	<input type="checkbox"/>			
Certified Copy of Current Australian Government Benefits card (E.g. Pension Card)	<input type="checkbox"/>			
Acceptable ID for a Minor (person under 18 years of age)				
Certified Copy of Current International Drivers License	<input type="checkbox"/>			
Certified Copy of Current Foreign Drivers License	<input type="checkbox"/>			
Certified Copy of Interim Australian Drivers License	<input type="checkbox"/>			
Certified Copy of Australian Taxation Office Notice (<12 months old)	<input type="checkbox"/>			
Certified Copy of Rating Authority Bill (<12 months old e.g. Shire Bill)	<input type="checkbox"/>			
Change of Name or Signing on behalf of another person				
Change of name	<input type="checkbox"/>			
Signed on behalf of the applicant	<input type="checkbox"/>			
Office Use Only	AML MET ID REQUIREMENTS MET	Y	N	NA INITIAL



Anti Money Laundering (AML) Checklist - Attaching Documents For Trading Accounts

This checklist has been provided to ensure you submit correct attaching documentation to confirm your trading account details in accordance with Anti Money Laundering (AML) requirements. Failure to provide the correct documentation may cause delays in processing of your Account Application.

Individual/Joint Account

Refer to AML ID Requirement Checklist for details of Acceptable ID combinations for Account Holder/s

Individual/Joint Account with a Trust or Superfund Designation

Refer to AML ID Requirement Checklist for details of Acceptable ID combinations for Account Holder/s

In addition to ID you will need to provide the following to identify the Trust :

Certified Copy of Front page/s of Trust or Superfund Deed that confirm the Trustees as well as the name of the Trust

Certified Copy of the Execution Page of the Trust Deed that reconfirms the Trustees etc

Individual/Joint Account + Minor Designation (child under 18)

Refer to AML ID Requirement Checklist for details of Acceptable ID combinations for Account Holder/s

In addition to ID for the Account Holder you will need to provide the following to identify the Minor :

Certified Copy of Birth Certificate (Australian or Foreign) or Certified Copy of Birth Extract (Australian Only)

Or a Notice from school principal that contains the name and residential address of the person and records the length of time that the person attended at the school

Company Account (Domestic registered with ASIC)

Refer to AML ID Requirement Checklist for details of Acceptable ID combinations for Director/s of the company

Certified Copy of Certificate of Incorporation

Copy of ASIC Annual Statement to allow us to confirm The Directors, Registered Address etc (this is available online via ASIC)

Company Account + Trust or Superfund Designation (Domestic registered with ASIC)

Refer to AML ID Requirement Checklist for details of Acceptable ID combinations for Director/s of the company

Certified Copy of Certificate of Incorporation

Copy of ASIC Annual Statement to allow us to confirm The Directors, Registered Address etc (this is available online via ASIC)

In addition to the above for the Company you will need to provide the following to identify the Trust :

Certified Copy of Front page/s of Trust or Superfund Deed that confirm the Trustees as well as the name of the Trust

Certified Copy of the Execution Page of the Trust Deed that reconfirms the Trustees etc

Change of Name

Original Certified Copy of marriage certificate, Certified copy of deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office

Signing on Behalf of an Applicant

Original Certified Copy of Guardianship Papers or Power of Attorney (POA). NB – Please ensure that you execute all agreements as signing under POA.

Deceased Estate

Original Certified copy of Death Certificate, plus either Original Certified Copy of Will or Original Certified Copy of Probate or Letters of Administration. Other documents may be required in accordance with the Estate, please contact our office if you require assistance relating to an Estate you are administering.



Anti Money Laundering (AML) Certification Requirements List of Competent Witness

You must ensure that the person who is certifying your documents does the following:

- Clearly writes on the photocopied document/s the following or like sentence 'I certify that this document is a true and correct copy of the original document'. This must be on each piece of supporting documentation.
- They must either use their stamp or clearly write their name and their position to allow us to confirm that the documents have been certified by one of the below person/s (such as 'Justice of the Peace', 'Australia Post employee', etc).
- If the document is in a language other than English this must be translated by a prepared translator and certified prior to submission to our office.

The person who certifies your documents must be independent of your application and from one of the following professions:

- 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);
- A judge of a court;
- A magistrate;
- A chief executive officer of a Commonwealth court;
- A registrar or deputy registrar of a court;
- A notary public (for the purposes of the Statutory Declaration Regulations 1993);
- A police officer;
- An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- 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;
- An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955);
- An officer with 2 or more years of continuous service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993);
- A finance company officer with 2 or more years of continuous service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993);
- An officer with, or authorised representative of, a holder of an Australian Financial Services License, having 2 or more years of continuous service with one or more licensees;
- 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;
- A legal practitioner;
- A medical practitioner including a doctor, qualified nurse, optometrist, pharmacist, physiotherapist, psychologist, dentist or chiropractor;
- A veterinary surgeon;
- A clerk of a court;
- A justice of the peace, commissioner for affidavits or commissioner for declarations;
- An officer of the Australian Defence Force;
- A member of local, state or federal Parliament;
- A teacher employed on a full-time basis.