

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

Account Type	Account Sub Type	Account Features
<input type="checkbox"/> CLIENT (C) <input type="checkbox"/> STAFF (STF) <input type="checkbox"/> FAMILY (FAM) <input type="checkbox"/> DIRECTOR (DIR) <input type="checkbox"/> COMPANY (M/A)	<input type="checkbox"/> PRIVATE (P) <input type="checkbox"/> WHI (O) <input type="checkbox"/> ETO (E) <input type="checkbox"/> ONCE OFF (SELL ONLY) (W) <input type="checkbox"/> SHORT SELL (S) <input type="checkbox"/> TOWER (PMS) (Y) <input type="checkbox"/> MACQUARIE (M) <input type="checkbox"/> SAM	<input type="checkbox"/> BANKWEST (C) <input type="checkbox"/> MARGIN LENDING (L) <input type="checkbox"/> TOWER (PSF) (Z) <input type="checkbox"/> WARRANT TRADING (MNTDOC) <input type="checkbox"/> BUY & WRITE (L) <input type="checkbox"/> OVERSEAS RESIDENCY (MNTRES) <input type="checkbox"/> UPDATE KYC (MNTDOC) <input type="checkbox"/> AGENCY AGREEMENT (INV TYPE T)

FOR **ACCOUNT SUBTYPES** THAT ARE **BOLD** CLIENT MUST BE PROVIDED WITH SEPARATE STATEMENT OF ADVICE (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 Yes No

If you answered 'No' please list Country of Residency below.

Client/Director 2 Yes No

If you answered 'No' please list Country of Residency below.

Client/Director 3 Yes No

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	7. CAA	9. SEA	11. HOA	13. SUA	15. OTA
Liabilities	8. CAL	10. SEL	12. HOL	14. SUL	16. OTL

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

17.EQU

Derivatives

18.DER

Margin Lending

19.MAR

Fixed Interest

20.INT

Mgd Funds

21.MGD

Money Market

22.MON

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)

24.INC

Long Term Growth
(Medium Risk)

26.LTG

Short Term Growth
(High Risk)

25.STG

Speculative
(High Risk)

27.SPE

Investment Strategy (Compulsory completion for a Superannuation Fund Account) (Notepad - Strategy)

OR

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

28.CDP

Your Risk Profile

[Compulsory – Please indicate one of the below]

LOW
29. LOW

INVESTMENT OBJECTIVE INCOME YIELD

You are a very conservative investor seeking minimal capital risk with a preference towards income generating investments.

MODERATE
MOD

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
HIG

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 2 of 5 "N"

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 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 CHESSE 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 CHESSE.

Payment Method

Yes, I would like the **sale proceeds to be directly deposited into the below bank account.** (Note: Bank transfers can take up to 48 hours.)

Name Account is held in _____

Name of Bank and Branch _____

BSB _____ Account Number _____

Publications Requested - Please tick below if you would like to receive the following publications/reports.

Morning Review (V) Weekly Research (w) Monthly Research (M) Calendar of Events (u) Quarterly Report (s) Quarterly Portfolio (P)

Electronic Delivery

Yes, I would like to receive Confirmation Notes, Client Transaction Statements, Portfolio Up-dates, Research and Sponsored Holding Summaries by way of email and I understand that I will not receive a copy of Confirmation Notes in the post.
Please Note: If email address is not provided then all Confirmation Notes will be sent via the Post.

I 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 CHESSE Approved Securities, the ASTC Settlement 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.

No, Please continue to mail all correspondence and only update your system with the below email addresses for contact purposes.

Primary Email Address

The original Confirmation Note will be emailed to this address.

	WK_HME
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Email Address for copy 1

	HME2
--	------

Email Address for copy 2

	HME3
--	------

Email Address for copy 3

	HME4
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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 & Co, 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)

** Please delete which ever is not applicable.



Signature of Director 3

Date

Full Name of Director 3 (Please print)

Please attach a clear copy of **CERTIFIED IDENTIFICATION** with a specimen signature (Drivers Licence 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
(A.B.N 26 003 058 857), Signed for DJ Carmichael Pty Limited by

Date / /