

**i** This form uses JavaScript for optimal performance. Please ensure you have this enabled.  
Please refer to the end of this document for submission instructions, [explanatory notes](#) and [help](#).

## 1. Which legal entity would you like to open the account in?

Company
  SMSF/Trust – Individual/Joint as trustee
  SMSF/Trust – Company as trustee

## 2. Personal Details – Applicant 1 / Director 1 / Trustee 1

Mr
  Ms
  Mrs
  Miss
  Dr
  Other

First name  Middle name/s  Surname  Date of birth – DD / MM / YYYY  /  /

Other name/s commonly known by – *If applicable*  Account designation – *If applicable*

Male  Female

### Residential Address

Street address – *Cannot be a PO Box*

Suburb  State  Postcode

Country – *If not Australia*

### Postal Address

Same as residential address

Street address

Suburb  State  Postcode

Country – *If not Australia*

## Preferred Contact Method

Email address – *Mandatory*

Mobile number – *Mandatory*  Home number  Work number

Preferred contact number  Mobile  Home  Work

## Tax File Number or Exemption Code

See [explanatory notes #1](#) on page 11 of this document.

Tax File Number or Exemption Code – ### - ### - ###

## Job Category and Type

Refer to [Job and Industry Classifications List](#) available on the website for a list of acceptable Job Categories and Types.

Job category  Job type

**2. Personal Details** – Continues on the next page

**Online access – Mandatory – If you have an existing username this will be used**

It is mandatory for you to provide a temporary password for online access. You will need this password the first time you login.

Password

**Identification**

Select one of the options below:

If you are an existing customer, please provide your username below:

I will attach certified copies of **two** of the following items to this application: Australian Driver Licence, Passport, Medicare Card.

By ticking this box and providing copies of your ID you consent to the electronic verification of your ID documents as outlined in the Declaration Section.

**Overseas Applicants Only**

Reason for seeking account in Australia

**2. Personal Details – Applicant 2 / Director 2 / Company Secretary / Trustee 2**

Mr    Ms    Mrs    Miss    Dr    Other  

First name   Middle name/s   Surname   Date of birth – DD / MM / YYYY

 /  / 

Other name/s commonly known by – *If applicable*   Account designation – *If applicable*    Male    Female

**Residential Address**    Same as applicant 1   **Postal Address**    Same as residential address

Street address – *Cannot be a PO Box*   Street address

Suburb   State   Postcode   Suburb   State   Postcode

Country – *If not Australia*   Country – *If not Australia*

Statements and notices will only be posted to Applicant 1's postal address.

**2. Personal Details** – Continues on the next page

### Preferred Contact Method

Email address – *Mandatory*

Mobile number – *Mandatory*

Home number

Work number

Preferred contact number  Mobile  Home  Work

### Tax File Number or Exemption Code

See [explanatory notes #1](#) on page 11 of this document.

Tax File Number or Exemption Code – ### - ### - ###


### Job Category and Type

Refer to [Job and Industry Classifications List](#) available on the website for a list of acceptable Job Categories and Types.

Job category

Job type

### Online access – *Mandatory – If you have an existing username this will be used*

 It is mandatory for you to provide a temporary password for online access. You will need this password the first time you login.

Password

### Identification

Select one of the options below:

- If you are an existing customer, please provide your username below:
- 
- I will attach certified copies of **two** of the following items to this application: Australian Driver Licence, Passport, Medicare Card.

By ticking this box and providing copies of your ID you consent to the electronic verification of your ID documents as outlined in the Declaration Section.

### Overseas Applicants Only

Reason for seeking account in Australia

### 3. Company Details – *If applicable*

Company name	Registered business name	
<input type="text"/>	<input type="text"/>	
ACN – Australian Company Number	ABN – Australian Business Number – <i>Optional</i>	TFN – Tax File Number or Exception Code – <i>Optional</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

See [explanatory notes](#) on page 11 of this document.

Type of Company?	<input type="radio"/> Public	<input type="radio"/> Proprietary / Private
Was the Company established in Australia?	<input type="radio"/> Yes	<input type="radio"/> No
Is the Company operating as a charity?	<input type="radio"/> Yes	<input type="radio"/> No

If yes, what is the objective / purpose of the charity?

**Is the Company's primary business activity investing?**

Tick "Yes" if the Company earns more than 50% of its total income from investment activities (e.g. rent, interest or dividends); or more than 50% of the Company's assets produce or are held for producing investment income.

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

### Company Industry Category and Type

See the [Job and Industry Classification List](#) on our website.

Company industry category	Company industry type
<input type="text"/>	<input type="text"/>

### Company Address

**Registered Business Address**  Same as registered address

Street address – *Cannot be a PO Box*

Suburb	State	Postcode	Country – <i>If not Australia</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Postal Address**  Same as registered address      **Principal Place of Business**  Same as registered address

Street address

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country – *If not Australia*

Street address – *Cannot be a PO Box*

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country – *If not Australia*

### Company Contact

Same as Applicant 1

Email address	Phone number
<input type="text"/>	<input type="text"/>

### Additional Director Details

List the full names of all additional directors of any foreign company or domestic proprietary company that are not listed as an applicant in Section 2. If there are more than three additional directors please take a copy of this section, complete and attach to your application.

#### Additional Director 1

Mr   
  Ms   
  Mrs   
  Miss   
  Dr   
  Other

First name                                      Middle name/s                                      Surname

#### Additional Director 2

Mr   
  Ms   
  Mrs   
  Miss   
  Dr   
  Other

First name                                      Middle name/s                                      Surname

#### Additional Director 3

Mr   
  Ms   
  Mrs   
  Miss   
  Dr   
  Other

First name                                      Middle name/s                                      Surname

### Beneficial Owner Details – *Mandatory for Proprietary / Private Companies*

A. **Are there any individuals who own 25% or more of the shares either directly or indirectly in the company?**

Yes – Go to Part D and provide details

No – Go to Part B

B. **Are there any individuals who control 25% or more of the shares either directly or indirectly in the company? For example through voting rights?**

Yes – Go to Part D and provide details

No – Go to Part C

C. **If there are no beneficial owners or controllers please provide details in Part D for any individuals who are responsible for the strategic or financial decisions of the company. That is, the individual who exercises primary control over the company because of the position held. e.g. CEO, Managing Director of equivalent.**

D. **Please provide personal details of individuals below – at least one individual must be listed.**

Beneficial Owner / Controller 1 same as Applicant 1 **OR** fill out [Appendix 1](#)

Beneficial Owner / Controller 2 same as Applicant 2 **OR** fill out [Appendix 1](#)

### Additional Beneficial Owners / Controllers

Please copy and fill out [Appendix 1](#) at the end of this form for each additional Beneficial Owner / Controller.

## 4. Trust Type

SMSF   
  Family   
  Testamentary   
  Other

Full Trust Name – *As per Trust Deed*

## Account Designation

Used when you wish to trade under the trust. Ensure the account designation matches your CHESS registration name.

Password

**i** The words or reference to “trust”, “as trustee for”, “trustee”, “ATF”, “Testamentary” should not be used in Account Designation as it will not be accepted by CHESS.

### Was the Trust established in Australia?

Yes   
  No

### Is the Trust operating as a charity?

Yes   
  No

## Trust Tax Details

ABN – Australian Business Number – *Mandatory for SMSF*

TFN – Tax File Number or Exemption Code – *Optional*

See [explanatory notes](#) on page 11 of this document.

## Trust Industry Category and Type

See the [Job and Industry Classification List](#) on our website.

**i** SMSF Trusts are category ‘Finance and Insurance’ and Type ‘Superannuation Funds’.

Trust industry category

Trust industry type

## Settlor of Trust – *Mandatory except if trust type is SMSF or Testamentary Trust*

### Was the trust established with a ‘settled sum’ of \$10,000 or more?

Yes   
  No

### 1) Is the Trust’s primary business activity investing?

Tick “Yes” if the Trust earns more than 50% of its total income from investment activities (e.g. rent, interest or dividends); or more than 50% of the Trust’s assets produce or are held for producing investment income.

Yes   
  No

4. Trust Type – *Continues on the next page*

### Trust Address Details

#### Registered Address of the Trust

- Same as Applicant 1  
 Same as Company

Street address – *Cannot be a PO Box*

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country – *If not Australia*

#### Postal Address

Street address

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country – *If not Australia*

### Contact Details

- Same as Applicant 1       Same as Company

Email address

Phone number

### Trust Identification

If the trust is an SMSF, a search will be performed by AUSIEX on the relevant regulator's website;

For all other trust types, I will attach a certified copy of:

- The extract of the Trust Deed, The extract of the Trust Deed should include the page/s which shows: the Trust name, name/s of Trustee/s, signature/s of Trustee/s with witnesses' signatures, date of execution, names of Beneficiary/ies, name/s of Settlor and settled sum (if formal trust), AND
- Copy of the notice from the Australian Taxation Office, such as a Notice of Assessment, issued in the last 12 months, OR
- A bank statement issued from another financial institution from the last 12 months, OR
- A letter from the legal practitioner who prepared your trust deed this must confirm that the Legal Practitioner assisted in the creation of the Trust; the Trust has been established and confirm the Full name of the Trust, the Trustees and the Settlor of the Trust.

### Additional Trustee Details – *For individual trust type only*

Please copy and fill out [Appendix 1](#) at the end of this form for each additional Trustee.

### Beneficiary Details – *Mandatory except for SMSF*

Provide the type of membership class (e.g. unit holder, family member) or the full name of each beneficiary. If there are more than 2 membership classes/beneficiaries please take a copy of this section, complete and attach to your application.

Membership classes

OR give Beneficiary details

### 4. Trust Type – *Continues on the next page*

### Beneficiary 1

Same as Applicant 1

Mr
  Ms
  Mrs
  Miss
  Dr
  Other

First name
  Middle name/s
  Surname

### Beneficiary 2

Same as Applicant 2

Mr
  Ms
  Mrs
  Miss
  Dr
  Other

First name
  Middle name/s
  Surname

## 5. CHES Registration Address

Same as Applicant 1 postal address
  Same as company postal address
  Same as Trust postal address

Street address  
 Suburb
  State
  Postcode
  Country – *If not Australia*

## 6. Settlement Options

What account would you like to use for share purchases and settlements?

**Bank Account OR**

Account name
  BSB
  Account number

*i* The nominated bank account must be in the same name provided in this application.

**Third Party Settlement** – *For example, a third party Margin Loan or WRAP Account*

Third party settlement provider (e.g. Margin lender)
  Account name  
 Account number
  Settlement PID  
 Third party contact person – *If known*
 Third party contact number – *If known*



## 7. Issuer to Broker Sponsorship

Transfer my/our Issuer Participant Sponsored Holdings to the Participant – *Please attach copies of all relevant holdings statements*

Securityholder Reference Number (SRN)	ASX code or security name	Qty
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I/We authorise the Participant to convert the above listed Holding/s into my/our Share Trading Account.

**i** The name and registration detail that appears on your current registered holdings must be the same as that which appears on your share trading account. If this requirement is not met any request to transfer holdings may be delayed or rejected.

## Broker to Broker Share Transfer

Existing broker name <input type="text"/>	PID – ##### <input type="text"/>
HIN – ##### <input type="text"/>	A/C – ##### <input type="text"/>
Third party contact person – <i>If known</i> <input type="text"/>	Third party contact number – <i>If known</i> <input type="text"/>
New broker name Australian Investment Exchange Ltd	PID – ##### 06381

In the event of any mismatch of registration details, I authorise the Participant to make changes to my Holder Identification Number (HIN) registration details in accordance with the information I have provided in my application form.

## Transfer Instructions

- Transfer all Broker Sponsored Holdings to the Participant – *We will transfer your HIN* **OR**
- Transfer only the following existing Broker Sponsored Holdings to the Participant.

ASX code or security name	Qty
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## 8. Declaration and Signatures

All Applicants must sign this declaration.

### Applicant/s Declaration

I/We the undersigned (being the applicant/s):

1. Declare that the information I/we provided to you in my/our application is complete and correct and acknowledge that it will form part of the contract for each product I/we are applying for;
  2. Acknowledge that the name of individual persons given in this application are true and correct and that the law prohibits the use of false names, as well as the giving or use of false documents in connection with an identification procedure;
  3. Consent to the collection, use and exchange of my/our personal information as set out in the Customer Information and Privacy sections of the Terms and Conditions for each product I/we are applying for.
  4. Have obtained the consent of any individual/s whose personal information is provided in this application. They acknowledge and consent to the collection, use or exchange of their information in accordance with the Participant's Privacy Policy.
  5. AUSIEX is required by the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* to collect information about you and verify your identity before AUSIEX can provide you with the services or products for which you've applied:
    - a. I/We consent to having electronic identification performed using personal details and identification documents I/we have provided, and understand that providing false or misleading information about my/our identity/ies is an offence under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.
    - b. I/We consent to having my/our personal details and identification documents matched to information held by the issuer or Official Record Holder via third party systems.
    - c. I/We understand that my/our personal information will be exchanged with external organisations including: credit reporting agencies, Commonwealth and State government departments, independent and private sector organisations and outsourced providers who coordinate the electronic identification process and who may conduct additional matches against public or proprietary databases.
    - d. As part of the electronic identification process, I/we permit these external organisations to record, use and disclose my/our information in accordance with their own privacy policies and legal obligations. I/We understand that AUSIEX and its outsourced providers will access records held about me/us by these external organisations only for the purpose of matching the identifying information I/we have chosen to provide.
    - e. I/We consent to providing my/our name/s, address/es and date of birth to selected credit reporting agencies to match this information against their records. I/We understand that this is done only for identity verification purposes as required by the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.
- You do not have to consent to electronic verification. If you do not want to be verified electronically, you have the option to be identified by sending in your original certified copy of identification to us via post.

### Declaration to the Share Trading Terms and Conditions

1. I/We acknowledge that we have been supplied with, and read, the Participant's Financial Services Guide, Best Execution Policy and Share Trading Terms and Conditions prior to receiving any financial service from the Participant.
2. I/We agree to be sponsored by the Participant under the terms of the Participant Sponsorship Agreement. I/We have read and agree to accept and abide by the terms of the Agreement, and have been supplied with, read and understood the written explanation of the implications of those terms.
3. I/We authorise and request Australian Investment Exchange Ltd (APCA User ID no. 093993 – Debit and 093 992 - Credit) to arrange for funds to be debited from/credited to my/our accounts as specified in this Application through the Bulk Electronic Clearing System (BECS). I/We acknowledge that this authority is governed by and will remain in force in accordance with the Direct Debit/Credit Request Service Agreement section of the Terms and Conditions governing each product I/we are applying for.
4. I/We agree for the Participant to remit funds to my/our choice of Nominated Bank Account upon my/our request.
5. I/We agree that my/our nominated representative/s is/are bound by these Terms and Conditions.
6. I/We agree for the Participant to send my/our Confirmations, Trading Account information and Statements to me/us electronically.
7. I/We declare that I/we have the legal capacity to make these declarations and accept the conditions. I/We agree and enter into the agreements referred to in the points above.
8. I/We acknowledge/certify that the entity's activities and classification that I have provided is complete and correct and that I will advise the Participant immediately if such information is to change.

**8. Declaration & Signatures** – Continues on the next page

## For Trusts Only:

I/We:

- Warrant that the trust deed/instrument authorises the opening and operation of the account as contemplated by this Application, and
- Warrant that authority has been given by signature of the trustee/s, or where the trustee is a company, by resolution passed at a legally constituted meeting of director/s of the company for the opening and operation of the account/s in the name of and on the terms and conditions and in the manner set out in this Application.

### Applicant 1 / Director 1 / Trustee 1

Full name  Date – DD / MM / YYYY  /  /

Signature – *Must be signed pen to paper*

### Applicant 2 / Director 2 / Company Secretary / Trustee 2

Full name  Date – DD / MM / YYYY  /  /

Signature – *Must be signed pen to paper*

 If there are more than 2 applicants, please take a copy of this section, complete and attach to your Application.

## Explanatory Notes

### 1. Australian Business Number (ABN), Tax File Number (TFN) or Exemption Code

Providing your ABN, TFN or Exemption Code is not mandatory, but if you do not, tax may be taken out of your interest at the highest marginal tax rate plus Medicare levy.

If you quote your TFN or ABN, you authorise the Participant to disclose it to its related bodies corporate, ASX Settlement Corporation, the provider of your cash management account, trustees, sponsors of your shareholdings and their agents and other issuers of securities for purposes relating to the securities in the trading account.

**Return to:** [2. Personal Details](#) | [3. Company Details](#)

### 2. Account Designation

Account Designation is used when you wish to trade under the name of a Superannuation Fund, Family Trust, Minor or Deceased Estate. Examples include: Brown S/F A/C, Brown Family A/C, Louise Brown (minor). Please ensure that your account designation matches that of your CHESS registration name.

#### TFN and Trusts

**Formal trust** – established as a legal entity under a formal trust deed and has a TFN. Please quote the TFN of the formal trust.

**Informal trust** – no formal arrangements in place e.g. minor, and there is no requirement for you to furnish a Trust income tax return to the Australian Taxation Office. Please provide the Tax File Number/s of the Trustee/s.



Share Trading is a service provided by Australian Investment Exchange Ltd (the Participant, we, us, our) ABN 71 076 515 930 AFSL 241400, a participant of the ASX Group and Chi-X Australia.

## How to submit your documents

Once completed and signed, please scan and email the form to

 [support@sharetrading.netwealth.com.au](mailto:support@sharetrading.netwealth.com.au)

 **Netwealth**  
Locked Bag 3005  
Australia Square NSW 1214

 1800 888 223  
 [sharetrading.netwealth.com.au](http://sharetrading.netwealth.com.au)

### 9. Additional Authority to Trade – Complete this section if you wish to authorise someone else to trade and/or conduct transactions on your behalf

Mr
  Ms
  Mrs
  Miss
  Dr
  Other

First name
  Middle name/s
  Surname
  /  /  Date of birth – DD / MM / YYYY

Other name/s commonly known by – *If applicable*
 Male
  Female

#### Residential Address

Street address – *Cannot be a PO Box*  
 Suburb
  State
  Postcode  
 Country – *If not Australia*

#### Postal Address

Same as residential address  
 Street address  
 Suburb
  State
  Postcode  
 Country – *If not Australia*

### Preferred Contact Method – Must be applicants details

Email address – *Mandatory*

Mobile number – *Mandatory*
 Home number
  Work number

Preferred contact number
  Mobile
  Home
  Work

### Job Category and Type

Refer to [Job and Industry Classifications List](#) available on the website for a list of acceptable Job Categories and Types.

Job category
  Job type


### Identification

Select one of the options below:

- If you are an existing customer, please provide your Username below:  
  
 I will attach certified copies of **two** of the following items to this application: Australian Driver Licence, Passport, Medicare Card.

By ticking this box and providing copies of your ID you consent to the electronic verification of your ID documents as outlined in the Declaration Section.

### Online access – Mandatory

 It is mandatory for you to provide a temporary password for online access. You will need this password the first time you login.

Password

### Additional Authority to Trade Declaration and Signature/s

All Applicants must sign this declaration.

I/We authorise the Additional Authority to Trade set out below to act on my/our behalf in connection with the account including the following:

- a. To have access to, receive, and enquire about information pertaining to an account;
- b. To acquire, buy, deal with, dispose of or sell any financial products;
- c. To provide authorisation to make and receive payment for any financial product transactions and attendant expenses by any means whatsoever and to give goods receipts and discharges for the proceeds of sales on financial products and other monies;
- d. To execute all contracts and other documents necessary or proper for the custody dealing and transfer of financial products and related matters;
- e. To receive, hold, arrange custody of evidence of title to financial products;
- f. To exercise all rights, privileges, duties and obligations now or in the future with regard to transacting in financial products that pertain to me as holder of financial products.

#### All Applicants please sign below

I/We:

- a. Acknowledge that I/we are responsible for and bound by the instructions that the Authority to Trade gives the Participant, and I/we indemnify the Participant in relation to the actions of my/our authorised agent;
- b. Acknowledge that it is my/our obligation to be aware of any activity undertaken on my/our behalf by the Authority to Trade;
- c. Agree that I/we will not provide my/our personal login details to the Authority to Trade, instead relying on the Participant to issue relevant account access to the Authority to Trade;
- d. Authorise and request the Participant to accept and act upon any instructions issued by the Authority to Trade pursuant to this authority and undertake to ratify whatever the signatory lawfully does or causes to be done pursuant to this authority;
- e. Understand the appointment of an Authority to Trade remains effective until I/we revoke it.

#### Applicant 1/ Director 1/ Trustee 1

Full name  Date – DD / MM / YYYY  /  /

Signature – *Must be signed pen to paper*

#### Applicant 2/ Director 2/ Trustee 2 – *If applicable*

Full name  Date – DD / MM / YYYY  /  /

Signature – *Must be signed pen to paper*

 If there are more than 2 applicants, please take a copy of this section, complete and attach to your application.

## 10. Additional Authority to Trade declaration and signature

I/We understand and acknowledge that:

- a. The name of individual persons given to the Participant are true and correct and that the law prohibits the use of false names, as well as the giving or use of a false document in connection with an identification procedure;
- b. Declare that my particulars (including identification details) as shown on this form are complete and correct;
- c. Acknowledge that the Participant collects my particulars in order to allow me to exercise this authority; and
- d. Acknowledge that I have received and agree to be bound by the Terms and Conditions governing each product nominated in this form and consent to the collection, use and exchange of my/our personal information as set out in the Customer Information and Privacy section of those Terms and Conditions.

### Identity Verification

AUSIEX is required by the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* to collect information about you and verify your identity before AUSIEX can provide you with the services or products for which you've applied. By ticking this box on this form:

- a. I consent to having electronic identification performed using personal details and identification documents I have provided, and understand that providing false or misleading information about my identity is an offence under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.
- b. I consent to having my personal details and identification documents matched to information held by the issuer or Official Record Holder via third party systems
- c. I understand that my personal information will be exchanged with external organisations including: credit reporting agencies, Commonwealth and State government departments, independent and private sector organisations and outsourced providers who coordinate the electronic identification process and who may conduct additional matches against public or proprietary databases

- d. As part of the electronic identification process, I permit these external organisations to record, use and disclose my information in accordance with their own privacy policies and legal obligations. I understand that AUSIEX and its outsourced providers will access records held about me by these external organisations only for the purpose of matching the identifying information I have chosen to provide
- e. I consent to providing my name, address and date of birth to selected credit reporting agencies to match this information against their records. I understand that this is done only for identity verification purposes as required by the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

You do not have to consent to electronic verification. If you do not want to be verified electronically, you have the option to be identified by sending in your original certified copy of identification to us via post.

### Additional Authority to Trade

Full name

Date – DD / MM / YYYY

 /  / 

Signature – *Must be signed pen to paper*

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## How to submit your documents

Once completed and signed, please scan and email the form to

✉ [support@sharetrading.netwealth.com.au](mailto:support@sharetrading.netwealth.com.au)

📍 **Netwealth**  
Locked Bag 3005  
Australia Square NSW 1214

☎ 1800 888 223  
🌐 [sharetrading.netwealth.com.au](http://sharetrading.netwealth.com.au)

### Additional Beneficial Owner, Controller or Trustee

Additional Beneficial Owner / Controller      Additional Trustee  
 Mr      Ms      Mrs      Miss      Dr      Other

First name     Middle name/s     Surname     Date of birth – DD / MM / YYYY  
 /  /

Other name/s commonly known by – *If applicable*  
      Male      Female

Street address – *Cannot be a PO Box*

Suburb     State     Postcode     Country – *If not Australia*  
              

### Preferred Contact Method

Email address – *Mandatory*

Mobile number – *Mandatory*     Home number     Work number  
         

Preferred contact number      Mobile      Home      Work

### Identification

Select one of the options below:

If you are an existing customer, please provide your username below:

I will attach certified copies of **two** of the following items to this application: Australian Driver Licence, Passport, Medicare Card.

By ticking this box and providing copies of your ID you consent to the electronic verification of your ID documents as outlined in the Declaration Section.

### Declarations

1. The information I provided to you in this form is complete and correct.
2. The name of individual persons given in this form are true and correct and that the law prohibits the use of false names, as well as the giving or use of false documents in connection with an identification procedure.
3. That I consent to the collection, use and exchange of my personal information as set out in the Customer Information and Privacy sections of the Terms and Conditions for each product I/we are applying for.
4. AUSIEX is required by the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* to collect information about you and verify your identity before we can provide you with the services or products for which you've applied. If you selected 'Passport or Australian Driver Licence' as the method of ID in this form the following applies to you:
  - a. I consent to having electronic identification performed using personal details and identification documents. I have provided, and understand that providing false or misleading information about my identity is an offence under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.
  - b. I consent to having my personal details and identification documents matched to information held by the issuer or Official Record Holder via third party systems.
  - c. I understand that my personal information will be exchanged with external organisations including: credit reporting agencies, Commonwealth and State government departments, independent and private sector organisations and outsourced providers who coordinate the electronic identification process and who may conduct additional matches against public or proprietary databases.
  - d. As part of the electronic identification process, I permit these external organisations to record, use and disclose my information in accordance with their own privacy policies and legal obligations. I understand that AUSIEX and its outsourced providers will access records held about me by these external organisations only for the purpose of matching the identifying information I have chosen to provide.
  - e. I consent to providing my name, address and date of birth to selected credit reporting agencies to match this information against their records.
  - f. I understand that this is done only for identity verification purposes as required by the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

You do not have to consent to electronic verification. If you do not want to be verified electronically, please contact us for alternative options of confirming your identity.

Full name  Date – DD / MM / YYYY  /  /

Signature – *Must be signed pen to paper*

Share Trading is a service provided by Australian Investment Exchange Ltd (the Participant, we, us, our) ABN 71 076 515 930 AFSL 241400, a participant of the ASX Group and Chi-X Australia.

### How to submit your documents

Once completed and signed, please scan and email the form to

✉ [support@sharetrading.netwealth.com.au](mailto:support@sharetrading.netwealth.com.au)

📍 **Netwealth**  
 Locked Bag 3005  
 Australia Square NSW 1214

☎ 1800 888 223  
 🌐 [sharetrading.netwealth.com.au](http://sharetrading.netwealth.com.au)