

Trader Dealer Online Pty Ltd
ABN 17 090 611 680
AFSL 333297

All ASX transactions are executed by **D2MX Pty Ltd (Broker)**
ABN 98 113 959 596 AFSL No. 297950 and cleared by
Penson Financial Services Australia Pty Ltd (**Penson**)
ABN 60 136 184 962 AFSL No. 338264
Level 7, 1 Chifley Square SYDNEY NSW 2000

CLIENT APPLICATION FORM

Account Number:		HIN:	
Equities Advisor Code:		Equities Brokerage:	
Options Advisor:		Options Brokerage:	

REQUIRED

PART A: Client Application Form, Acknowledgments and Execution

OPTIONAL

PART B: Registered Holder Collateral Cover Authorisation Form - Required For Options Accounts

PART C: Broker to Broker Transfer Authority Form - Equities

PART D: Broker to Broker Transfer Authority Form - Options

FOR CLIENT TO KEEP FOR THEIR RECORDS

PART E: Penson Disclosure Statement

PART F: ~~Warrant/Partly Paid Securities Terms~~

PART G: Penson Derivatives Client Agreement

PART H: Penson's Privacy Statements

PART I: Penson Financial Services Guide (FSG)

PART J: D2MX Terms and Conditions (Including Derivatives, Warrants & Partly Paid Securities Terms)

PART K: D2MX Disclosure Statement

PART L: D2MX Financial Services Guide (FSG)

PART M: Licensee's Terms and Conditions

PART N: ~~Warrant~~ Financial Services Guide (FSG)

Please read this entire document carefully before completing this application form.

1. TYPE OF APPLICANT

- INDIVIDUAL JOINT SUPERANNUATION FUND
 COMPANY TRUST OTHER (please specify):

2. ACCOUNT NAME / DESIGNATION

A/C Designation - < _____ >
(e.g. Trust Name, Super Fund Name. Not to be used for Individual Accounts)

3. ACCOUNT DETAILS

A. INDIVIDUAL CLIENT #1

Your name must match your ID exactly. Date of Birth is required as part of the AML Identification Requirements

Title:			
Given Names:			
Surname:			
Residential Address:			
State:		Postcode:	
Postal Address (if different to above):			
State:		Postcode:	
Tel (W):			
Tel (H):			
Mobile:			
Fax:			
Email Address:			
Date of Birth:			
Occupation:			
I am required to have an ABN?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, ABN:			

B. INDIVIDUAL CLIENT #2

Your name must match your ID exactly. Date of Birth is required as part of the AML Identification Requirements

Title:			
Given Names:			
Surname:			
Residential Address:			
State:		Postcode:	
Postal Address (if different to above):			
State:		Postcode:	
Tel (W):			
Tel (H):			
Mobile:			
Fax:			
Email Address:			
Date of Birth:			
Occupation:			
I am required to have an ABN?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, ABN:			

C. INDIVIDUAL CLIENT #3

Your name must match your ID exactly. Date of Birth is required as part of the AML Identification Requirements

Title:			
Given Names:			
Surname:			
Residential Address:			
State:		Postcode:	
Postal Address (if different to above):			
State:		Postcode:	
Tel (W):			
Tel (H):			
Mobile:			
Fax:			
Email Address:			
Date of Birth:			
Occupation:			
I am required to have an ABN?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, ABN:			

D. COMPANY / CORPORATE CLIENT

Company Name:			
ABN/ACN/ARBAN:			
Country of Incorporation:			
Registered Office Address:			
State:		Postcode:	
Principal Place of Business Address:			
State:		Postcode:	
Postal Address (if different to above):			
State:		Postcode:	
Company Type: <input type="checkbox"/> Public <input type="checkbox"/> Proprietary <i>If Proprietary, complete director & shareholder details below</i>			
No. Of Directors:			
Each Directors Name in Full <i>(If there are additional Directors, please supply list of names on a separate page)</i>			
Director 1:			
Director 2:			
Director 3:			
Shareholder Details: <i>Full name and residential address of each individual who owns, through one or more shareholdings, more than 25% of the issued capital of the Company.</i>			
Name of Individual:		Residential Address of Individual:	

E. TRUSTEE / SUPERANNUATION CLIENT

If you are applying as a corporate trustee, please also complete section 3D above.

If you are applying as an individual/joint trustee, please also complete Section 3A/B/C above.

Name of Trust:	
ABN / ARBN:	
<i>If this is of the trust, it should be ABN and ARSN only. A trust cannot have an ACN or ARBN. The ACN for the trustee will be picked up in 3A, B, C or D above as appropriate</i>	
Country of Establishment:	
Business name of the Trustee (if any):	
Type of Trust (please tick one box only:	
<input type="checkbox"/> Registered managed investment scheme	
<input type="checkbox"/> Regulated Trust (e.g. SMSF)	
<input type="checkbox"/> Govt superannuation fund	
<input type="checkbox"/> Unregistered management investment scheme with only wholesale clients which does not make small scale offerings under section 1012E of the Corporations Act 2001 (Cth)	
If other, please specify (e.g. family, unit, charitable, estate):	
Is the trust an Australian resident for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please specify country of tax residence:	
NOTE: Penson (and its related bodies corporate and affiliates) only recognises the Trustee(s) as the investor and not the beneficiary, therefore the trustee(s) details must be given in 3A, B, C or D above as appropriate. However, Penson (and its related bodies corporate and affiliates) is also required to record the individual beneficiary details if you have ticked "Other" in the section "Type of Trust" above.	
Beneficiary 1 Name:	
ABN/ACN/ARBN: (if applicable)	
Beneficiary 2 Name:	
ABN/ACN/ARBN: (if applicable)	
Beneficiary 3 Name:	
ABN/ACN/ARBN: (if applicable)	

4. AUTHORISED AGENT

Corporate Clients: You must nominate at least one Director as an Authorised Agent.

Other Clients: Do you wish to authorise someone other than the Applicant to operate the Applicant's account?

Yes (if Yes, please provide ID for the authorised agent)

No

Until you notify us in writing that the authority has been revoked, each of the following persons is authorised to act on your behalf, including giving dealing and other instructions, information and requests and/or receive account information. If more than one person is nominated, we may act on the instructions of any of them unless otherwise advised.

A. AUTHORISED AGENT / DIRECTOR #1

Title:	
Given Names:	
Surname:	
Residential Address:	
State:	Postcode:
Postal Address (if different to above):	
State:	Postcode:
Tel (W):	
Tel (H):	
Mobile:	
Fax:	
Email Address:	
Date of Birth:	
Signature:	

B. AUTHORISED AGENT / DIRECTOR #2

Title:	
Given Names:	
Surname:	
Residential Address:	
State:	Postcode:
Postal Address (if different to above):	
State:	Postcode:
Tel (W):	
Tel (H):	
Mobile:	
Fax:	
Email Address:	
Date of Birth:	
Signature:	

5. RESIDENCY DETAILS FOR TAX PURPOSES

Are you a resident of Australia for tax purposes?

Yes No

If no, country of residence:

6. AUSTRALIAN TAX FILE NUMBER OR EXEMPTION

Individual Client # 1 TFN:

Individual Client # 2 TFN:

Individual Client # 3 TFN:

Company TFN:

Trust TFN:

Superannuation Fund TFN:

Quotation of your Australian tax file number(s) (TFN) is optional.

Penson is an Australian financial service licensee that is authorised by law to request your TFN. You are not required to provide your TFN and failing to provide your TFN to Penson is not an offence. If Penson is unable to quote your tax file number or exemption to registries, it may be obliged to take tax at the highest marginal rate from any dividends, distributions, interest and payments to which you are entitled. Accordingly, failing to provide your TFN or not permitting Penson to quote it in relation to an investment may have taxation consequences. You may wish to seek independent advice in this regard.

By providing a TFN and signing the Application Form you:

- (a) appoint Penson as your agent and request and authorise Penson to:
 - (i) provide your Tax File Number to all investment bodies with whom Penson acts on your behalf;
 - (ii) apply your TFN to any investment or account which you may in future make or open with or through Penson (and their related bodies corporate) to which your TFN may lawfully be applied; and
- (b) acknowledge that this authority will apply until such time as it is revoked in writing to Penson.

Despite the other terms in this section, you may instruct Penson in writing at the time of making an investment, not to quote your TFN in relation to that investment.

7. STATUS

Are any of the Applicants, Directors, Responsible Officials, Partners, Authorised Representatives or Beneficiaries of this Account: affiliated with any other Participant of ASX Group; a government official; or having dealings with a government official of any country?

Yes No

If yes, please provide details:

8. DELIVERY DETAILS FOR TRADE CONFIRMATIONS

Electronic Confirmation Notes

Trade Confirmations will be sent via e-mail to the below e-mail address, unless you instruct us otherwise.

E-mail address:

Authorisation of the electronic dispatch of confirmations.

The authorisation and agreement in this section apply if you have provided an e-mail address for the despatch of trade confirmations and signed the Application Form. By doing so you authorise confirmations to be dispatched electronically to:

- (a) you at the e-mail address provided above;
- (b) (if applicable) another person or organisation (as your agent) to whom you have authorised Penson to send electronic confirmations, at the e-mail address provided in the Application Form.

Copies of Confirmation Notes

Penson cannot send your trade confirmations to a third party; however the third party can be provided with a copy of your trade confirmation. If additional copies are required please provide e-mail or fax details:

Additional e-mail / fax:

Additional e-mail / fax:

Additional e-mail / fax:

Additional e-mail / fax:

If you do **not** wish to receive confirmations via e-mail please tick one of the below (A fee of \$1.50 will be charged):

Confirmations via Fax -

Please fax Confirmations to below

Fax: ()

Attn:

Fax: ()

Attn:

Confirmations via Post

Postal Address

9. CHESS SPONSORSHIP / SETTLEMENT DETAILS

In order to complete this section, you should refer to the **Explanation of CHESS Sponsorship Agreement and the Penson Sponsorship Agreement in Part F of this document.**

Would you like Penson to establish a new Sponsored HIN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to transfer an existing HIN from another broker/sponsor?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please provide the name of your existing broker/sponsor and existing HIN:

Please note that the HIN transfer cannot be effected until Penson receive a signed **Broker to Broker Transfer Authority Form** in Part C

If a new HIN is being Issued, would you like to convert its Issuer Sponsored holdings of financial products to its Penson HIN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(Please attach current copies of Issuer Sponsored Statements for all financial products being converted)

Would you like to settle your transactions via a third party settlement participant (i.e. non CHESS sponsored / DVP)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Participant:	PID:	
	HIN	

10. INCOME DIRECTION

Please tick if applicable

- I / we will be CHESS Sponsored by Penson and I/we authorised CHESS and Penson to severally advise the relevant Issuer or its nominee to pay by direct credit to the Linked Bank Account all cash dividends, distributions, interest or income payable referable to my/our HIN.

By ticking this box, whenever you purchase financial products which are CHESS sponsored by Penson, Penson will pass your **banking details via CHESS to the issuer's share registry**. This instruction will override all previous instructions you may have given Penson or CHESS or the relevant issuer. This instruction only applies to holdings sponsored by Penson in CHESS. For other holdings, contact the Issuer directly. All cash dividends paid for financial products held under your HIN will be directed into the Linked Bank Account of this Application Form. Note that by providing this instruction, it may override your participation in any existing Dividend Reinvestment Plans (**DRP**) or Bonus Share Plans..

11. ACKNOWLEDGEMENTS

The Applicant acknowledges that it has received, read and understood **the** following documentation:

- (a) Penson's Explanation of CHES Sponsorship Agreement [Part F]
- (b) Penson Financial Services Guide [Part I]
- (c) Penson Privacy Statements [Part H]
- (d) D2MX Financial Services Guide [Part L]
- (e) **Licensee's Financial Services Guide** [Part N]

12. AGREEMENT TO BE BOUND BY DOCUMENTATION

By signing the application form below, the Applicant acknowledges that it has received and read, and the Applicant agrees to be bound by, the following documentation

- (a) Penson Disclosure Statement [Part E]
- (b) Penson Sponsorship Agreement [Part F]
- (c) Penson Derivatives Client Agreement – [Part G] for Options clients only
- (d) Authorisation for electronic confirmations [Part A: Section 8 of Client Application Form]
- (e) Tax File Number Details [Part A: Section 6 of the Client Application Form]
- (f) D2MX Terms and Conditions (Including Derivatives, Warrants & Partly Paid Securities Terms) [Part J]
- (g) **Licensee's Terms and Conditions** [Part M]

13. INDIVIDUAL CLIENTS TO COMPLETE

Individual (1): Full name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
Individual (2): Full name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
Individual (3): Full name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>

14. CORPORATE / COMPANY CLIENTS TO COMPLETE

(Please note that two Directors or a director and a Secretary must sign. Indicate if the Company is a Sole Director/Sole Secretary Company.)

Name of Company: (please print)		
Director : Full name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
Director / Secretary: Full name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>

DECLARATION

By signing this application form, you agree, represent and warrant that you:

- Agree to be bound by the terms and conditions contained within the application.
- Are over the age of 18 years and not of any legal disability.
- Have quoted your tax file number (TFN), Australian Business Number (ABN) or exemption (on the basis that we will comply with the law that authorises and governs its collection, storage, security and disposal).
- Understand that if you do not provide your TFN, ABN or exemption, tax at the highest marginal rate plus Medicare levy may be deducted from your income

PENSON USE ONLY:

Penson agrees to be bound by the following documentation:

- (a) Penson Sponsorship Agreement
- (b) Penson Derivatives Client Agreement
- (c) Penson Disclosure Statement
- (d) Privacy Statements

Execution by Penson Financial Services Australia Pty Ltd

Signed for Penson Financial Services Australia Pty Ltd:



Craig Mason
Managing Director / CEO