

 This form uses JavaScript for optimal performance. Please ensure you have this enabled if completing electronically.

Additional authority Power of Attorney (POA) – Please attach a certified copy of the POA document

1. Additional Authority: Personal Details

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

Postal Address

Same as residential address

Street address

Suburb State Postcode

Country

Preferred Contact Method

Email address

Mobile number

Home number – Optional

Work number – Optional

Employment Information

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 – Choose one of the two identification options below.

- Option 1 – Passport or Australian Driver Licence**
Attach a copy of two of the following items to this application: Passport, Australian Driver Licence, Medicare Card.
By selecting this box and providing copies of your ID you consent to the electronic verification of your ID documents as outlined in the Declaration Section of this form.
- Option 2 – No Passport or Australian Driver Licence**
If you do not have a Passport or Australian Driver Licence contact us for alternative options to confirm your identity.


2. Trading/Options Account details - *If you list a trading account that is linked to an options account (or an options account that is linked to a trading account) the additional authority will provide access to both the options and trading accounts.*

Account name

Account number

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Online Access – *Applicable if you do not have an existing login*

 You **must** provide a temporary password for online access. You will need this password the first time you login.

Temporary password – 8 to 16 alphanumeric characters

3. Declarations – *Account holders*

1. I/We authorise the person named as the additional authority in Section 1 to have 'view-only' access to the account/s listed above.
2. I/We understand, acknowledge and declare:
 - a. Authorise the additional authority set out in Section 1 to act on my/our behalf in connection with the products and services nominated in Section 2, to the extent of their authority set out below:
 - b. Acknowledge that it is my/our obligation to be aware of any activity undertaken on my/our behalf by the additional authority in relation to instructions provided on the products nominated in Section 2.
 - c. Agree that I/we will not provide my/our personal login details, instead relying on the Participant to issue relevant account access to the additional authority.
 - d. For company accounts (as applicable), I/we confirm the company has complied with its constitution and the requirements of the *Corporations Act* in relation to the execution of the additional authority form.
 - e. For trust accounts (as applicable), warrant that the trust deed/instrument authorises the operation of the account as nominated by this additional authority form.
 - f. For trust accounts (as applicable), 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 operation of the account in the name of and on the terms and conditions and in the manner set out in this additional authority form.
 - g. With view-only access, that person will have access to request information pertaining to the account/s listed above, but not perform transactions.

All existing account holders must sign this form for your instructions to be executed

Account Holder/Director/Trustee 1

First name Middle name/s

Surname Date – DD / MM / YYYY / /

Signature – *Must be signed pen to paper*

Account Holder/Director/Trustee 2

First name Middle name/s

Surname Date – DD / MM / YYYY / /

Signature – *Must be signed pen to paper*

 If there are more than 2 authorised signatories, please photocopy this page, complete and attach to the form.

4. Declarations – Additional authority

I understand, acknowledge and declare:

1. The information I provided to you in this form is complete and correct and that I will advise the Participant if these details change.
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. 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 personal information as set out in the Customer Information and Privacy section of those Terms and Conditions.
4. The Participant 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 'Option 1 - 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 the Participant 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.

Additional Authority

Full name Date – DD / MM / YYYY / /

Signature – *Must be signed pen to paper*


Share Trading is a service provided by Australian Investment Exchange Ltd (AUSIEX, the Participant, we, us, our) ABN 71 076 515 930 AFSL 241400. AUSIEX is a market participant of ASX & Chi-X Australia, a clearing participant of ASX Clear Pty Limited and a settlement participant of ASX Settlement Pty Limited.

How to submit your documents

Clients

Please provide your completed and signed form with relevant supporting documents to your adviser.

If you are required to send Original Certified Copies of documents please send via post to:

 **AUSIEX, Locked Bag 3005, Australia Square NSW 1215**

 1800 252 351  service@ausiex.com.au  ausiex.com.au

Advisers

Lodge this form and all supporting documents
ausiex.com.au > Administration > eSubmit

