



Version - APRIL 2010 V1.1

New Account Pack - Retail Clients

Booklet 2

New Account Pack - Booklet 2 - Part A Client to return this booklet to Euroz

IMPORTANT - It is a condition of establishing an account with Euroz that all documents contained in this section (those with a RED edge) be completed and returned to Euroz. Failure to do this will prevent your account from being opened.

	EXECUTION AGREEMENT
Section	1: INDIVIDUALS/DIRECTORS/TRUSTEES
	1A: Individuals/Directors/Trustees - Client ID Procedure
	1B: Individuals/Directors/Trustees - Applicant Information
Section	2: COMPANIES
	2A: Companies - Client ID Procedure
	2B: Companies - Applicant Information
	2C: Companies - Authorised Persons Form
Section	3: TRUSTS
	3A: Trusts - Client ID Procedure
	3B: Trusts - Applicant Information
	3B: Trusts - Trust ID form
Section	4: RISK PROFILE
Section	5: RISK PROFILE STATEMENT
Section	6: INVESTMENT OBJECTIVES GUIDELINES
Section	7: INVESTMENT OBJECTIVES STATEMENT

For subsequent sections refer to Booklet 2 - Part B towards the end of this booklet

Execution Agreement

I/We acknowledge that I/We have read and agree to be bound by the Trading Terms and Conditions and unless I/We have elected not to be sponsored by Euroz, acknowledge that I/We have read and agree to be bound by the CHESSE Sponsorship Agreement.

I/We acknowledge and agree to the following:

1. Where Euroz opens an account on behalf of more than one person and subject to the matters set out in the Trading Terms and Conditions, Euroz will accept instructions about the operation of that account from each person (or any person that Euroz reasonably believes to be that person) shown below as being an Applicant (“**Applicant**”).
2. Subject to the matters set out in the Trading Terms and Conditions, Euroz will cease accepting instructions from an Applicant about the operation of an account where Euroz is provided with notice in writing and which is signed by each Applicant to the effect that Euroz must no longer accept instructions from an Applicant.
3. Where an account is opened on behalf of a company and subject to the matters set out in the Trading Terms and Conditions, Euroz will accept instructions about the operation of the account from each person:
 - (1) who is shown below to be a director of the company (or any person who Euroz reasonably believes to be that person) until Euroz receives notice in writing from the company that a person has ceased to be a director of the company; and
 - (2) who becomes a director of the company (or any person Euroz reasonably believes to be that person) upon Euroz receiving notice in writing from the company that a person has been appointed as a director of the company.
4. Subject to the matters set out in the Trading Terms and Conditions, other than from the persons referred to above, Euroz will only accept instructions about the operation of an account from a Person who has been appointed as an Authorised Person in accordance with Section 11 of this New Account Pack or in accordance with Section 2C of this New Account Pack.

WHERE ACCOUNT IS OPENED ON BEHALF OF A PERSON OR PERSONS

APPLICANT 1

Name of Applicant 1

Signature of Applicant 1

Name of Witness

Signature of Witness

Date

APPLICANT 2

Name of Applicant 2

Signature of Applicant 2

Name of Witness

Signature of Witness

Date

APPLICANT 3

Name of Applicant 3

Signature of Applicant 3

Name of Witness

Signature of Witness

Date

APPLICANT 4

Name of Applicant 4

Signature of Applicant 4

Name of Witness

Signature of Witness

Date

Execution Agreement

WHERE ACCOUNT IS OPENED ON BEHALF OF A COMPANY

Where company has a sole director

Name of Sole Director

Signature

Name of Witness

Signature of Witness

Date

Where company has more than one director

Director 1

Name of Director 1

Signature

Name of Witness

Signature of Witness

Date

Director 2

Name of Director 2

Signature

Name of Witness

Signature of Witness

Date

Section 1A. INDIVIDUALS - Client Identification Procedure

Pursuant to the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act):

INSTRUCTIONS FOR VERIFICATION OF IDENTITY - INDIVIDUALS

Clients must verify their FULL NAME and their DATE OF BIRTH and RESIDENTIAL ADDRESS using:

AN ORIGINAL OR CERTIFIED COPY OF A PRIMARY PHOTOGRAPHIC IDENTIFICATION DOCUMENT

- A licence or permit issued under a law of State or Territory or equivalent authority of a foreign country for the purpose of driving a vehicle that contains a photograph of the person in whose name the document is issued.*
- A passport issued by the Commonwealth
- A passport or a similar document issued for the purpose of international travel, that:
 - (a) Contains a photograph and the signature of the person in whose name the document is issued;
 - (b) Is issued by a foreign government, the United Nations or an agency of the United Nations; and
 - (c) If it is written in a language that is not understood by the person carrying out the verification, is accompanied by an English translation prepared by an accredited translator.
- A card issued under a law of State or Territory for the purpose of proving the person's age which contains a photograph of the person in whose name the document is issued.
- A national identity card issued for the purpose of identification, that:
 - (a) Contains a photograph and the signature of the person in whose name the document is issued;
 - (b) Is issued by a foreign government, the United Nations or an agency of the United Nations; and
 - (c) If it is written in a language that is not understood by the person carrying out the verification, is accompanied by an English translation prepared by an accredited translator.

* Drivers licence must show current residential address. If not, please supply a secondary document as per page 9.

OR

See facing page.

Section 1A. INDIVIDUALS - Client Identification Procedure

AN ORIGINAL OR CERTIFIED COPY OF A PRIMARY NON-PHOTOGRAPHIC IDENTIFICATION DOCUMENT

- A birth certificate or birth extract issued by the State or Territory;
- A citizenship certificate issued by the Commonwealth;
- A citizenship certificate issued by a foreign government that, if it is written in a language that is not understood by the person carrying out the verification, is accompanied by an English translation prepared by an accredited translator;
- A birth certificate issued by a foreign government, the United Nations or an agency of the United Nations that, if it is written in a language that is not understood by the person carrying out the verification, is accompanied by an English translation prepared by an accredited translator.
- A pension card issued by Centrelink that entitles the person in whose name the card is issued, to financial benefits.

AND

AN ORIGINAL OR CERTIFIED COPY OF A SECONDARY IDENTIFICATION DOCUMENT

One of the following:

- A notice that:
 - (a) was issued to an individual by the Commonwealth, a State or Territory within the preceding twelve months;
 - (b) contains the name of the individual and his or her residential address; and
 - (c) records the provision of the financial benefits to the individual under a law of the Commonwealth, State or Territory (as the case may be);
 - (d) was issued to an individual by the Australian Taxation Office within the preceding twelve months;
 - (e) contains the name of the individual and his or her residential address; and
 - (f) records a debt payable to or by the individual by or to (respectively) the Commonwealth under the Commonwealth law relating to taxation;
 - (g) was issued to an individual by the local government body or utilities provider within the preceding three months;
 - (h) contains the name of the individual and his or her residential address; and
 - (i) records the provision of services by that local government body or utilities provider to that address or to that person;

In relation to a person under the age of 18, a notice that:

- (a) was issued to a person by a school principal within the preceding three months;
- (b) contains the name of the person and his or her residential address; and
- (c) records the period of time that the person attended at the school.

Section 2A. COMPANIES (Domestic) - Client Identification Procedure

Pursuant to the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act):

INSTRUCTIONS FOR VERIFICATION OF IDENTITY – DOMESTIC COMPANIES

Clients must verify their company's:

- FULL NAME as registered by ASIC
- FULL ADDRESS of REGISTERED OFFICE
- FULL ADDRESS of PRINCIPAL PLACE OF BUSINESS (if any)
- AUSTRALIAN COMPANY NUMBER (ACN)
- listed status at ASIC ie a proprietary or public company

Verification can be done by a certificate or similar document notice, which contains the registered company name and full address i.e.

- Tax File Number Advice issued from the Australian Taxation Office
- Australian Business Register notice issued from the Australian Taxation Office
- Australian Company Number issued from the Australian Taxation Office
- Share Certificate
- An original or certified copy of the Certificate of Registration of the company as issued by ASIC; or
- An original certified copy of the Certificate of Incorporation as issued by ASIC

Clients must verify:

- the full name, date of birth and residential address of each director of the company if the company is registered as a proprietary company, using:

AN ORIGINAL CERTIFIED COPY OF A PRIMARY PHOTOGRAPHIC IDENTIFICATION DOCUMENT

(as specified in Section 1A. INDIVIDUALS - Client Identification Procedure)

OR

AN ORIGINAL CERTIFIED COPY OF A PRIMARY NON-PHOTOGRAPHIC IDENTIFICATION DOCUMENT

(as specified in Section 1A. INDIVIDUALS - Client Identification Procedure)

AND

AN ORIGINAL CERTIFIED COPY OF A SECONDARY IDENTIFICATION DOCUMENT

(as specified in Section 1A. INDIVIDUALS - Client Identification Procedure)

Section 2A. COMPANIES (Registered Foreign Companies) Client Identification Procedure

Pursuant to the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act):

INSTRUCTIONS FOR VERIFICATION OF IDENTITY – REGISTERED FOREIGN COMPANIES

Clients must verify:

- FULL NAME as registered by ASIC
- FULL ADDRESS of REGISTERED OFFICE in AUSTRALIA
- FULL ADDRESS of PRINCIPAL PLACE OF BUSINESS in AUSTRALIA (if any) or
- FULL NAME and ADDRESS of the COMPANIES LOCAL AGENT in AUSTRALIA (if any)
- AUSTRALIAN REGISTERED BODY NUMBER (ARBN)
- Country in which the company was formed, incorporated or registered
- Whether the company is registered by the relevant foreign registration body and if so, whether it is registered as a private or public company or some other type of company

***Verification should be done by an original certified copy of Certificate of Registration as a foreign company issued by ASIC;
AND***

An original certified copy of Certificate of Registration (or equivalent) issued by the relevant foreign registration body

Any documentation provided that is written in a language other than English, must be accompanied by an English translation prepared by an accredited translator.

- The name of each company director if the company is registered as a private company by the relevant foreign registration body using:

AN ORIGINAL CERTIFIED COPY OF A PRIMARY PHOTOGRAPHIC IDENTIFICATION DOCUMENT

(as specified in Section 1A. INDIVIDUALS - Client Identification Procedure)

OR

AN ORIGINAL CERTIFIED COPY OF A PRIMARY NON-PHOTOGRAPHIC IDENTIFICATION DOCUMENT

(as specified in Section 1A. INDIVIDUALS - Client Identification Procedure)

AND

AN ORIGINAL CERTIFIED COPY OF A SECONDARY IDENTIFICATION DOCUMENT

(as specified in Section 1A. INDIVIDUALS - Client Identification Procedure)

Section 2A. COMPANIES (Foreign Companies not registered in Australia) Client Identification Procedure

Pursuant to the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act):

INSTRUCTIONS FOR VERIFICATION OF IDENTITY – FOREIGN COMPANIES NOT REGISTERED IN AUSTRALIA

Clients must verify their:

- FULL NAME of COMPANY
- Country in which the company was formed, incorporated or registered
- whether the company is registered by the relevant foreign registration body and if so:
 - Any identification number issued to the company by the relevant foreign registration body upon the company's formation, incorporation or registration
 - Full address in company's country of formation, incorporation or registration as registered by the relevant foreign body; and
 - Whether it is registered as a private or public company or some other type of company by the relevant foreign registration body
- the full address of the principal place of business of the company in its formation or incorporation if the company is not registered by the relevant foreign registration body.
- the name of each company director if the company is registered as a private company by the relevant foreign registration body using:

AN ORIGINAL CERTIFIED COPY OF A PRIMARY PHOTOGRAPHIC IDENTIFICATION DOCUMENT

(as specified in Section 1A. INDIVIDUALS - Client Identification Procedure)

OR

AN ORIGINAL CERTIFIED COPY OF A PRIMARY NON-PHOTOGRAPHIC IDENTIFICATION DOCUMENT

(as specified in Section 1A. INDIVIDUALS - Client Identification Procedure)

AND

AN ORIGINAL CERTIFIED COPY OF A SECONDARY IDENTIFICATION DOCUMENT

(as specified in Section 1A. INDIVIDUALS - Client Identification Procedure).

Section 2B. COMPANY Details - Applicant Information

Only complete this section if you are opening a Company account or a Company Trustee account.

Company Name (as registered by ASIC)

Please indicate company type:

Private

Public

Other (please specify)

ACCOUNT DESIGNATION (A designation is an additional name given to the account to allow it to be differentiated from another account in the same family. For example the difference between the John Smith account and the John Smith <Superannuation Fund> account)

REGISTERED OFFICE ADDRESS (PO Box not accepted) (Provide the registered address as registered with ASIC. If the company is not registered with ASIC, provide the registered address in the country of formation, incorporation or registration if any).

Unit/Level

Street Number

Street Name

Suburb/City

State

Country

Postcode

POSTAL ADDRESS (if different)

(Tick if all correspondence to be directed to Postal Address)

Unit/Level

Street Number

Street Name/PO Box

Suburb/City

State

Country

Postcode

ABN or ACN

Please indicate ASIC Registration

Proprietary

Public

Principal activity of the Company

For Registered Foreign Companies please also indicate:

ARBN

Country of registration

Is the Company registered by the relevant Foreign Registration Body?

Yes

No

If you answered yes to the question above please complete the following two boxes otherwise proceed to the next section.

Name of registration body/regulator

Registration or Licence number

Section 2B. COMPANY DIRECTOR(S) - Applicant Information

Please provide the name and details of each Company Director below. If there are more than four Company Directors, please photocopy this section and complete the additional information as required and attach to your application.

Please note Company Directors are required to complete Section 1 - INDIVIDUALS - Client Identification Procedures

DIRECTOR (1)

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	

DIRECTOR (2)

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	

DIRECTOR (3)

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	

DIRECTOR (4)

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	

Section 2C. Authorised Persons Form

The Client appoints the following person(s) as its Authorised Person(s) with effect from (dd/mm/yyyy).

Full Name:
Title:
Contact Number:
Email:

Signature

Full Name:
Title:
Contact Number:
Email:

Signature

Full Name:
Title:
Contact Number:
Email:

Signature

Full Name:
Title:
Contact Number:
Email:

Signature

The Client acknowledges and agrees as follows:

- (1) Each Authorised Person has the same authority to give Euroz instructions as the Client.
- (2) Subject to the matters set out in the Trading Terms and Conditions, Euroz will accept instructions from each Authorised Person until Euroz receives written notice from the Client that the authority of the Authorised Person has been revoked.
- (3) The Client may add additional persons as Authorised Persons in manner that will be notified to the Client by Euroz from time to time.

Executed with the authority of the Client by its duly appointed officer or agent.

Name:
Position held:
Date:

Signature

Section 3A. TRUSTS - Client Identification Procedure

Pursuant to the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act)

INSTRUCTIONS FOR VERIFICATION OF IDENTITY – TRUSTS AND TRUSTEES

TRUSTS WHERE THE TRUSTEE IS AN INDIVIDUAL

Clients must verify:

- FULL NAME of the TRUST using:

AN ORIGINAL CERTIFIED COPY OR AN ORIGINAL CERTIFIED EXTRACT OF THE TRUST DEED

- Type of trust
- Details of the class, if the terms of the trust identify the beneficiaries by reference to membership of a class using:
- The Identity of the Trustee using:

AN ORIGINAL CERTIFIED COPY OF A PRIMARY PHOTOGRAPHIC IDENTIFICATION DOCUMENT (as specified in Section 1. Client Identification Procedure – Individuals)

OR

AN ORIGINAL CERTIFIED COPY OF A PRIMARY NON-PHOTOGRAPHIC IDENTIFICATION DOCUMENT

AND

AN ORIGINAL CERTIFIED COPY OF A SECONDARY IDENTIFICATION DOCUMENT (as specified in Section 1. Client Identification Procedure – Individuals)

TRUST WHERE THE TRUSTEE IS AN AUSTRALIAN COMPANY

Clients must verify:

- FULL NAME of the TRUST using:

AN ORIGINAL CERTIFIED COPY OR AN ORIGINAL CERTIFIED EXTRACT OF THE TRUST DEED SHOWING THE TRUST'S NAME IN FULL; AND

- Type of trust
- Country in which trust was established
- Details of the class, if the terms of the trust identify the beneficiaries by reference to membership of a class

To verify the existence of the Australian Company, clients must verify:

- FULL BUSINESS NAME (if any) of the TRUSTEE IN RESPECT OF THE TRUST using:

AN ORIGINAL CERTIFIED COPY OF THE CERTIFICATE OF REGISTRATION OF THE COMPANY AS ISSUED BY ASIC;

OR

AN ORIGINAL CERTIFIED COPY OF THE CERTIFICATE OF INCORPORATION AS ISSUED BY ASIC

Section 3A. TRUSTS - Client Identification Procedure

REGULATED OR REGISTERED TRUSTS

Clients must verify

- FULL NAME of the TRUST using:
AN ORIGINAL CERTIFIED COPY OR AN ORIGINAL CERTIFIED EXTRACT OF THE TRUST DEED
- Country in which trust was established
- Type of trust – either:
 - Registered managed Investment Scheme and if so, please provide an Australian Registered Scheme Number
 - Government Superannuation Fund established under legislation and if so, please provide the name of the legislation establishing the fund
 - Unregistered managed investment scheme that only has wholesale clients and does not make small offerings
 - Registered trust, subject to the regulatory oversight of a commonwealth regulator in connection with its activities as a trust and if so, please provide the Registration Number and Name of Regulator

To verify the existence of the Australian Company, clients must verify:

- FULL BUSINESS NAME (if any) of the TRUSTEE IN RESPECT OF THE TRUST using:
AN ORIGINAL CERTIFIED COPY OF THE CERTIFICATE OF REGISTRATION OF THE COMPANY AS ISSUED BY ASIC;

OR

AN ORIGINAL CERTIFIED COPY OF THE CERTIFICATE OF INCORPORATION AS ISSUED BY ASIC

FURTHER REQUIREMENTS FOR REGULATED OR REGISTERED TRUSTS

- if the Trustees are all individuals or all companies – for one of those individuals or companies, the respective information is required to be collected from the individual or company.
- if the Trustees comprise of individuals and companies – for either an individual or a company, the information is required to be collected from the individual or company (as specified in Section 1. Client Identification Procedure – Individuals)

Section 3B. TRUST Details - Applicant Information

You must complete this form if you will be investing as an Individual or Company Trustee and the Trust is not:

- a registered managed investment scheme
- a managed investment scheme that only has wholesale clients and does not make small scale offerings
- a government superannuation fund established by legislation; or
- registered and subject to regulatory oversight in connection with its activities as a trust;

Please note that at least one Trustee of the Trust is required to also complete either a Company Identification Form or Individual Identification Form as applicable.

Only complete this section if you are opening a Trust – Individual Trustee(s) account or a Trust – Company Trustee Account.

- All Individual Trustees authorised to trade must complete Section 1.
- All Directors of a Company Trustee must complete Section 1.
- All Company Trusts must complete Section 2.
- Regulated Trusts must complete Section 3C.

If you intend to operate the account on behalf of a superannuation fund, family trust or a person under 18 years of age, please provide the name of that entity or person here.

TRUST NAME

FULL BUSINESS NAME OF TRUST (if any)

TRUST TYPE

<input type="checkbox"/> Family	<input type="checkbox"/> Superannuation	<input type="checkbox"/> Charity	<input type="checkbox"/> Minor	<input type="checkbox"/> Other
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If other, please specify

TRUSTEE INFORMATION

Please provide the name(s) and address(s) of all Trustee(s) below. If there are more than four Trustees please photocopy this section and complete the additional information as required and attach to your application.

TRUSTEE (1)

Title	Given name(s) / Company Name	Surname
<input type="text"/>	<input type="text"/>	

REGISTERED STREET ADDRESS (PO Box not accepted)

Unit/Level	Street Number	Street Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb/City	State	Country	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

TRUSTEE (2)

Title	Given name(s)/ Company Name	Surname
<input type="text"/>	<input type="text"/>	

REGISTERED STREET ADDRESS (PO Box not accepted)

Unit/Level	Street Number	Street Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb/City	State	Country	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Section 3B. TRUST Details - Applicant Information

TRUSTEE (3)

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	

REGISTERED STREET ADDRESS (PO Box not accepted)

Unit/Level	Street Number	Street Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb/City		State	Country	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

TRUSTEE (4)

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	

REGISTERED STREET ADDRESS (PO Box not accepted)

Unit/Level	Street Number	Street Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb/City		State	Country	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

BENEFICIARY INFORMATION (Completion of the following section is compulsory)

Please provide the name of each beneficiary below. If there are more than four beneficiaries please photocopy this section and complete the additional information as required and attach to your application.

BENEFICIARY (1)

Title	Given name(s)/Company Name	Surname
<input type="text"/>	<input type="text"/>	

BENEFICIARY (2)

Title	Given name(s)/Company Name	Surname
<input type="text"/>	<input type="text"/>	

BENEFICIARY (3)

Title	Given name(s)/Company Name	Surname
<input type="text"/>	<input type="text"/>	

BENEFICIARY (4)

Title	Given name(s)/Company Name	Surname
<input type="text"/>	<input type="text"/>	

AND/OR

Where the beneficiaries are identified by reference to membership of a class; details of the class

Section 3C. TRUST Details - Applicant Information

Trust Identification Form for Regulated or Registered Trusts

You must complete this form if the Trust is:

- a registered managed investment scheme;
- a managed investment scheme that only has wholesale clients and does not make small scale offerings;
- a government superannuation fund established by legislation; or
- registered and subject to regulatory oversight in connection with its activities as a trust.

Please provide the following information

FULL NAME OF THE TRUST

FULL BUSINESS NAME (IF ANY) OF THE TRUSTEE IN RESPECT OF THE TRUST

Note: a trust need not have a trustee which has a business name.

SELECT TYPE OF TRUST (please tick one only)

Registered managed investment scheme

Provide Australian Registered Scheme Number

OR

Government superannuation fund established under legislation

Provide name of the legislation establishing the fund

OR

Unregistered managed investment scheme that only has wholesale clients and does not make small scale offerings

OR

Registered trust, subject to the regulatory oversight of a Commonwealth regulator in connection with its activities as a trust

Registration Number

Name of regulator

The country where the trust was established

Section 4. Risk Profile

Investor Risk Profile

	Points
1. Which of the following best describes your purpose for investing?	Please tick
a) An investment horizon longer than 5 years. You understand investment markets and mainly invest for growth to accumulate long-term wealth.	<input type="checkbox"/> 50
b) You have surplus funds to invest and aim to accumulate long term wealth from a balanced portfolio.	<input type="checkbox"/> 40
c) You have a lump sum (e.g. an inheritance) and are uncertain about the secure investment alternatives available.	<input type="checkbox"/> 30
d) You are nearing retirement and want sufficient funds to enjoy your retirement.	<input type="checkbox"/> 20
e) Some specific objectives within the next five years for which you want to accumulate sufficient funds.	<input type="checkbox"/> 10
2. Which of the following best describes your current stage of life?	
a) Single with few financial burdens.	<input type="checkbox"/> 50
b) A couple without children.	<input type="checkbox"/> 40
c) Young family with a home.	<input type="checkbox"/> 30
d) Mature family.	<input type="checkbox"/> 50
e) Preparing for retirement.	<input type="checkbox"/> 20
f) Retired.	<input type="checkbox"/> 10
3. In the light of current interest rates, what return do you reasonably expect to achieve from your investments?	
a) A reasonable return without losing any capital.	<input type="checkbox"/> 10
b) Current inflation rate plus 2-4% pa.	<input type="checkbox"/> 20
c) Current inflation rate plus 5-7% pa.	<input type="checkbox"/> 30
d) Current inflation rate plus 8-12% pa.	<input type="checkbox"/> 40
e) Greater.	<input type="checkbox"/> 50
4. How familiar are you with investment markets?	
a) Experienced with all investment sectors and understand the various factors which influence performance.	<input type="checkbox"/> 50
b) Understand that markets fluctuate and that different market sectors offer different income, growth and taxation characteristics.	<input type="checkbox"/> 40
c) Have enough experience to understand the importance of diversification.	<input type="checkbox"/> 30
d) Not very familiar.	<input type="checkbox"/> 20
e) Very little understanding or interest.	<input type="checkbox"/> 10

Section 4. Risk Profile

	Points
5. How long would you expect most of your money to be invested before you would need to access it? Assuming your Advisor has made plans to meet short term financial objectives and to handle emergencies).	
a) 0 - 1 year	<input type="checkbox"/> 50
b) Between 1 and 2 years.	<input type="checkbox"/> 40
c) Between 2 and 5 years.	<input type="checkbox"/> 30
d) Between 5 and 7 years.	<input type="checkbox"/> 20
e) Longer than 7 years.	<input type="checkbox"/> 10
6. What would your reaction be if 6 months after placing your investment, you discover that, in line with what is happening in the financial markets generally, your portfolio has decreased in value by 20%?	
a) Horror. Security of your capital is critical and you did not intend to take risks.	<input type="checkbox"/> 10
b) You would cut your losses and transfer your funds into more secure investment sectors.	<input type="checkbox"/> 20
c) You would be concerned but wait to see if the investments improve.	<input type="checkbox"/> 30
d) This was a calculated risk and you would leave the investments in place, expecting performance to improve.	<input type="checkbox"/> 40
e) You would invest more funds to lower your average investment price, expecting future growth.	<input type="checkbox"/> 50
7. If you didn't need your capital for more than 10 years, for how long would you be prepared to see your investment performing poorly before you cashed it in?	
a) You would cash it in if there was any loss in value.	<input type="checkbox"/> 10
b) Up to 3 months.	<input type="checkbox"/> 20
c) Up to 6 months.	<input type="checkbox"/> 30
d) Up to one year.	<input type="checkbox"/> 40
e) Up to 2 years.	<input type="checkbox"/> 50
8. How stable is your current and future income from sources such as salary, social security and pension plan or other investments?	
a) Very stable.	<input type="checkbox"/> 50
b) Stable.	<input type="checkbox"/> 40
c) Somewhat stable.	<input type="checkbox"/> 30
d) Unstable.	<input type="checkbox"/> 20
e) Very unstable.	<input type="checkbox"/> 10

Section 4. Risk Profile

					Points
9. Do you have any separate savings set aside for major expenses? This may include things like education, home mortgage payments, home repairs and retirement.					
a) I have no upcoming expenses other than my retirement living expenses.				<input type="checkbox"/>	50
b) Yes, I do have separate savings to meet my expenses.				<input type="checkbox"/>	40
c) I have a small amount of savings and a large credit card limit on my credit card for emergencies.				<input type="checkbox"/>	30
d) I have no savings, but can use my credit card for emergencies.				<input type="checkbox"/>	20
e) No, I do not have separate savings to meet major expenses.				<input type="checkbox"/>	10
10. Please indicate the percentage of each investment segment you believe is appropriate for your investment objectives.	25%	50%	75%	100%	Points
CONGLOMERATE (ASX 20) Very Low risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ <input type="checkbox"/>
	10 points	20 points	30 points	40 points	
LARGE CAP (ASX 100 - Ex ASX 20) Low risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ <input type="checkbox"/>
	20 points	40 points	60 points	80 points	
MID CAP (ASX 300- Ex ASX 100) Moderate risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ <input type="checkbox"/>
	30 points	60 points	90 points	120 points	
MICRO/SMALL CAP (ASX - Ex ASX 300) High Risk/Speculative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ <input type="checkbox"/>
	60 points	100 points	140 points	180 points	

TOTAL INVESTOR PROFILE SCORE

Now match your investor profile score to the Investor Profile summary below.

Investor Profile Score card

Defensive

You are a Defensive investor. Risk must be very low and you are prepared to accept lower returns to protect capital. The negative effects of tax and inflation will not concern you, provided your investment is protected.

0-130

Moderate

You are a Moderate investor seeking better than basic returns, but risk must be low. Typically an older investor seeking to protect the wealth that you have accumulated, you may be prepared to consider less aggressive growth investments.

131-240

Balanced

You are a Balanced investor who wants a balanced portfolio to work towards medium to long term financial goals. You require an investment strategy, which will cope with the effects of tax and inflation. Calculated risks will be acceptable to you to achieve good returns.

241-360

Growth

You are a Growth investor, probably earning sufficient income to invest most funds for capital growth. Prepare to accept higher volatility and moderate risks, your primary concern is to accumulate assets over the medium to long term, you require a balanced portfolio, but more aggressive investments may be included.

361-480

High Growth

You are a High Growth investor who is prepared to compromise portfolio balance to pursue potentially greater long or short term returns that can usually be achieved from a more balanced portfolio. Your investment choices have a relatively high level of risk associated with them and, in order to generate higher returns, you are willing to accept the risk that you may lose some or all of your initial capital investment.

481-630

Section 5. Risk Profile Statement

With respect to the operation of Your Account you acknowledge and agree that:

1. you have completed the Risk Profile fully and accurately in all respects;
2. the relevant personal circumstances identified by the Risk Profile form part of your relevant personal circumstances for the purposes of the Corporations Act and generally;
3. should you not agree with the relevant personal circumstances determined by the Risk Profile, that you will inform your adviser of this fact;
4. should you give Euroz instructions with respect to the operation of your Account that are contrary to your relevant personal circumstances identified by the Risk Profile (for example to buy shares that have a level of risk associated with them that is not in accordance your relevant personal circumstances) and suffer loss directly or indirectly as a result, Euroz will not be liable to you for any such loss;
5. should you decline to complete the Risk Profile or provide information with respect to the Risk Profile that is incomplete or inaccurate in any respect, you acknowledge that you have been warned as to the following matters:
 - (1) in these circumstances, Euroz will only provide general financial product advice to you, that is, it is unable to provide personal financial product advice to you, this being advice that takes account of your relevant personal circumstances;
 - (2) should Euroz provide personal financial product advice to you, that advice will be based upon incomplete or inaccurate information in relation to your relevant personal circumstances; and
 - (3) before acting on any advice provided by Euroz you must consider the appropriateness of that advice having regard to your relevant personal circumstances.

WHERE ACCOUNT IS OPENED ON BEHALF OF A PERSON OR PERSONS

APPLICANT 1

Name of Applicant 1	Signature	
<input type="text"/>	<input type="text"/>	
Name of Witness	Signature of Witness	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT 2

Name of Applicant 2	Signature	
<input type="text"/>	<input type="text"/>	
Name of Witness	Signature of Witness	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT 3

Name of Applicant 3	Signature	
<input type="text"/>	<input type="text"/>	
Name of Witness	Signature of Witness	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT 4

Name of Applicant 4	Signature	
<input type="text"/>	<input type="text"/>	
Name of Witness	Signature of Witness	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

This form must be returned to Euroz Securities Limited

Section 5. Risk Profile Statement

WHERE ACCOUNT IS OPENED ON BEHALF OF A COMPANY

Where company has a sole director

Name of Sole Director

Signature

Name of Witness

Signature of Witness

Date

Where company has more than one director

Director 1

Name of Director 1

Signature

Name of Witness

Signature of Witness

Date

Director 2

Name of Director 2

Signature

Name of Witness

Signature of Witness

Date

Section 6. Investment Objectives Guidelines

Explanation of Alternative Investment Objectives

LOW CAPITAL RISK

Description	The primary objective is preservation of capital. Depending on the requirements of the Investor, this can be accompanied by a high degree of liquidity. The portfolio would contain fixed income securities from AAA institutions. Such an investment is usually associated with a dependable, ongoing income stream and its associated low volatility of returns. However, the after-tax returns may be very low and may not keep pace with inflation. Capital risk could arise if there was a mismatch between the Investor's time frame and the actual term of the investment. This investment is not generally compatible with investing in stock exchange listed equities. To pursue this investment objective in listed equities, it would be necessary to first hold shares in large and well established market leaders having a record of low volatility of returns from regular well covered dividends, and second accept a higher, albeit still a relatively low, degree of risk.
Risk and Volatility	Only prepared to accept minimal capital risk and volatility of investment returns.
Suitability	A strongly conservative Investor who is prepared to accept lower returns for the investment to be protected ie. Interest Rate Products. The adverse effects of inflation and tax are not a concern.

INCOME

Description	Here the objectives are the preservation of capital and the generation of income. This objective aims to generate a total return of a couple of points better than CPI. Over the medium to long-term, this objective aims to provide some minimal volatility of investment returns, while aiming to preserve capital. However, to the extent that hybrid securities such as reset preference shares, income securities and convertible notes, and equity shares are included in the portfolio, higher capital risk and volatility will be incurred.
Risk and Volatility	Subject to the abovementioned comment regarding hybrid securities and equity shares, there is below average capital risk and volatility of investment returns.
Suitability	The Investor who is looking for better than a basic return but only within a low capital risk. The Investor will be seeking to enhance returns from a diversified portfolio of interest rate products, property trusts, hybrid securities and a limited investment in equities.

BALANCED

Description	The objective is to achieve returns from a mix of all or some of Interest Rate, Property and Equity Asset Classes, which have regard for both Interest Rate and Capital Gain. Investors with private property holdings may elect to pursue a Balanced Investment Objective with either a mix of Interest Rate and Equity Asset Classes or, within the Equity Asset Class alone utilising equities having income or growth characteristics, or a combination of both.
Risk and Volatility	As growth assets will always form part of the portfolio, there is a preparedness to accept some capital risk. Investment returns will fluctuate over the short term, including the possibility of a negative return in some periods. It is a medium to high-risk investment and should be viewed over at least a 3 to 5 year period.
Suitability	This Investor is looking for a balanced portfolio of diversified investments providing some protection against both taxation and inflation. The long-term average exposure to growth and income assets is expected to be approximately 65% and 35% respectively of the total portfolio, although this could vary in the short-term.

GROWTH

Description	A more aggressive investment strategy than for Balanced is used with more exposure to growth assets over a slightly longer time frame of, say, 5 years or more.
Risk and Volatility	Above-average capital risk and volatility of returns in the short-term, in order to take advantage of the opportunities for superior portfolio performance in the medium to long term.
Suitability	This Investor is prepared to accept capital risk and volatility of returns in the short-term, in order to take advantage of the opportunities for superior portfolio performance in the medium to long-term.

Section 6. Investment Objectives Guidelines

Explanation of Alternative Investment Objectives

AGGRESSIVE GROWTH

Description	A preparedness to compromise portfolio balance further in the expectation of higher long-term gains, to include small cap stocks, cyclical stocks and stocks with past volatile performance, and to invest with the sole objective of maximising investment performance over a wide range of stocks in terms of size, past performance and volatility of returns.
Risk and Volatility	The security of capital is secondary to the potential for wealth creation. A diverse range of investments will carry a high level of risk and volatility of returns over 7 years or more.
Suitability	This Investor is pursuing high growth investment returns and accepts capital risk and high volatility of returns.

TRADING

Description	A Trading Objective evidences a preparedness to invest for the short-term to realise primarily capital gains on stocks. This approach to investment is based on identifying investment opportunities, which are valued at a discount to what is perceived by the Investor as being the intrinsic value of the stock. Alternatively, it could involve buy and sell decisions based on the occurrence of technical indicators.
Risk and Volatility	A very high level of capital risk and volatility of returns as gains will be dependent upon not only identifying undervalued situations but anticipating a revaluation by the market.
Suitability	The Investor with a Trading Objective will be experienced, prepared to take a contrarian view to the market and accept the associated risks, and be closely associated with the design of the strategy.

SPECULATIVE

Description	<p>Speculative investments are either start-up enterprises with nil or only prospective operations or recently commenced operations, with only forecast cashflows or those that have commenced operations but have very limited cashflows and/or a stressed balance sheet.</p> <p>Speculative investments also encompass derivative investments other than derivatives undertaken for pure hedging purposes.</p>
Risk and Volatility	An exceptionally high level of capital risk and volatility of returns.
Suitability	Only experienced Investors with capital surplus to living and investment requirements, who are prepared to accept the high degree of risk associated with either a complete absence of track record or an unfavourable track record and the exclusive reliance on forecasting. The Investor will need to be closely involved with the analysis underlying this kind of investment

Section 6. Investment Objectives Guidelines

Financial Situation

Individual Investors to complete

An Investor's Investment Objectives need to be appropriate to the Investor's Financial Situation and Particular Needs. Accordingly, we would appreciate your answers to the following questions relating to Individual Investors:

1. Planned Retirement

Retirement year _____

2. Family Income Earner and Dependents

Are you the sole family income earner? Yes No

How many dependants do you have?

3. Employment

How would you categorise your employment?

Permanent

Casual/Part Time

Self Employed

Retired

Home Duties

Other (please specify) _____

4. Primary Source of Income

What is your primary source of income?

Business

Salary

Investments

Retirement Assets

Pension

5. Current Reliance on Investment Income

To what extent do you rely on the income from your Securities Portfolio for living expenses?

Entirely

Substantially

Partially

Not at all

6. Future Reliance on Investment Income

When do you expect to rely either entirely or substantially on the investment income from your Securities Portfolio for your living expenses?

Less than 18 months

18 months – 3 years

3 years – 5 years

5 years – 7 years

More than 7 years

7. Tax Position

What is your marginal tax rate?

\$0 - \$6,000 0%

\$6,001 - \$30,000 15%

\$30,001 - \$75,000 30%

\$75,001 - \$150,000 40%

Over \$150,001 45%

Don't know

8. Superannuation

Do you have any superannuation arrangements?

If Yes, what is the nature of your superannuation? Yes No

Public (Commonwealth, State or Municipal)

Corporate

Private (SMSF or APRA Regulated Fund)

Other (please specify)

The above rates do not include the Medicare levy of 1.5%

Section 6. Investment Objectives Guidelines

Financial Situation

All Investors to complete

9. Assets

Property - Home
Investment

Shares

Cash

Other

Total Assets

Liabilities

Home Loan(s)

Investment Loan(s)

Other

Total Liabilities

NET POSITION

10. Current Securities Investments

What is the approximate value of your Securities portfolio? \$ _____

What is the approximate percentage that your Securities portfolio represents your total net worth? _____%

Date of Valuation of your Securities Portfolio _____

11. Gearing

What percentage of your Securities Portfolio is borrowed, whether by means of a Bank Overdraft, a Margin Lending facility or other loan arrangement?

None

Less than 25%

25% – 50%

More than 50%

Are your Securities borrowings against your family home? Yes No

Section 6. Investment Objectives Guidelines

Financial Situation

All Investors to complete

12. Past Investments and Investment Experience

What asset classes have you previously invested in and what has been the extent of your experience in investing in these asset classes?

	Extensive	Moderate	Limited	None
• Fixed Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Property Trusts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Managed Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Australian Equities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• International Equities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Options / Warrants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Margin Lending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Time Horizon

What is the time horizon of your securities investments (ie. for what period are you wanting to invest)?

• Less than 18 months	<input type="checkbox"/>
• 18 months – 3 years	<input type="checkbox"/>
• 3 years – 5 years	<input type="checkbox"/>
• 5 years – 7 years	<input type="checkbox"/>
• More than 7 years	<input type="checkbox"/>

14. Investment Objectives

Tick (✓) one Primary Objective.

It is optional to also tick (✓) one Secondary Objective and, if appropriate, tick (✓) another Objective in which you may be Interested.

Investors should understand that all equity investments involve some capital risk. The selection of the Low Capital Risk Investment Objective precludes the selection of any other Primary, Secondary or Interested Investment Objectives.

	Primary	Secondary	Interested
• Low Capital Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Aggressive Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Trading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Speculative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 6. Investment Objectives Guidelines

Particular Needs

All Investors to complete

The following is designed to assist you in determining whether you have any particular needs in relation to your investments.

If you have none, apart from realisation of your Investment Objectives as set out in the Investment Objective's section previously, leave this section blank.

15. How would you expect your Portfolio to be ultimately used?

If you are not currently Entirely or Substantially dependent upon the income from your securities portfolio for your living expenses, please indicate by ticking (✓) the appropriate box below how you expect the portfolio will be ultimately used by reference to the following alternatives (you should indicate as many as are appropriate).

- To fund retirement
- Long term preservation of assets
- To comprise an estate for the benefit of my dependants
- To educate dependants
- To fund the acquisition of a house or other large capital asset
- To invest in a business
- To fund a special expenditure
- To be an emergency source of funds
- To supplement my income
- Other purpose (please specify) _____

16. Have you any investment return preferences?

- Income from higher yielding securities without any capital gain objective
- Fully or substantially Franked Income
- Mix of Income and Capital Gain
- Capital Gain from holding low yielding growth securities
- Trading for Short Term Capital Gain without any yield objective

17. Which of the following criteria reflects your level of concern?

- | | Most Important | | | Least Important | |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| • Current Cash Flow | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Inflation Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Low Volatility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Tax Effective Income | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Capital Growth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Note: all equity investments involve some capital risk.

Section 7. Investment Objectives Statement

With respect to the operation of Your Account you acknowledge and agree that:

1. you have completed the Investment Objectives Guidelines fully and accurately in all respects;
2. the relevant personal circumstances identified by the Investment Objectives Guidelines form part of your relevant personal circumstances for the purposes of the Corporations Act and generally;
3. should you not agree with the relevant personal circumstances determined by the Investment Objectives Guidelines, that you will inform your adviser of this fact;
4. should you give Euroz instructions with respect to the operation of your Account that are contrary to your relevant personal circumstances identified by the Investment Objectives Guidelines (for example to buy shares that have a level of risk associated with them that is not in accordance your relevant personal circumstances) and suffer loss directly or indirectly as a result, Euroz will not be liable to you for any such loss;
5. should you decline to complete the Investment Objectives Guidelines or provide information with respect to the Investment Objectives Guidelines that is incomplete or inaccurate in any respect, you acknowledge that you have been warned as to the following matters:
 - (1) in these circumstances, Euroz will only provide general financial product advice to you, that is, it is unable to provide personal financial product advice to you, this being advice that takes account of your relevant personal circumstances;
 - (2) should Euroz provide personal financial product advice to you, that advice will be based upon incomplete or inaccurate information in relation to your relevant personal circumstances; and
 - (3) before acting on any advice provided by Euroz you must consider the appropriateness of that advice having regard to your relevant personal circumstances.

WHERE ACCOUNT IS OPENED ON BEHALF OF A PERSON OR PERSONS

APPLICANT 1

Name of Applicant 1	Signature	
<input type="text"/>	<input type="text"/>	
Name of Witness	Signature of Witness	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT 2

Name of Applicant 2	Signature	
<input type="text"/>	<input type="text"/>	
Name of Witness	Signature of Witness	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT 3

Name of Applicant 3	Signature	
<input type="text"/>	<input type="text"/>	
Name of Witness	Signature of Witness	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT 4

Name of Applicant 4	Signature	
<input type="text"/>	<input type="text"/>	
Name of Witness	Signature of Witness	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

This form must be returned to Euroz Securities Limited

Section 7. Investment Objectives Statement

WHERE ACCOUNT IS OPENED ON BEHALF OF A COMPANY

Where company has a sole director

Name of Sole Director

Signature

Name of Witness

Signature of Witness

Date

Where company has more than one director

Director 1

Name of Director 1

Signature

Name of Witness

Signature of Witness

Date

Director 2

Name of Director 2

Signature

Name of Witness

Signature of Witness

Date

This page has been left blank intentionally

Booklet 2 - Part B Completion of these forms is optional.

PART B

Completion of documents contained in this section (those with an ORANGE edge) is optional.

Section	8:	Penson Direct Debit/Credit Authority Form	<i>(Completion of this section is recommended)</i>
Section	9:	Tax File Number Notification	<i>(Completion of this section is recommended)</i>
Section	10:	Stock Transfer Form	<i>(Completion of this section is recommended)</i>
Section	11:	Authorised Person Authority Form	
Section	12:	Portfolio Access Request	
Section	13:	Sophisticated Investor Certificate	<i>(Tear out form)</i>

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Section 8. Penson Direct Debit/Credit Authority Form

PENSON FINANCIAL SERVICES AUSTRALIA PTY LTD ("PENSON") ABN 60 136 184 962 AFSL No 338264



Your Euroz Account Name:

Your Euroz Account Number:

DIRECT DEBT/CREDIT AUTHORITY

For Direct Debits all bank account holders must sign this section.

1. Default/Nominated Bank Account The Applicant authorises Penson to directly credit/debit* the Nominated Bank Account.

*Please tick applicable box: Credit Debit Both

Financial Institution/Bank Name

Account Name BSB Account Number

Bank Account Holder Name Signature

Second Bank Account Holder Name (if the account is in joint names) Signature

Third Bank Account Holder Name (if the account is in joint names) Signature

2. Non Default/Secondary Bank Account The Applicant authorises Penson to directly credit/debit* the Secondary Bank Account (if applicable)

*Please tick applicable box: Credit Debit Both

Financial Institution/Bank Name

Account Name BSB Account Number

Bank Account Holder Name Signature

Second Bank Account Holder Name (if the account is in joint names) Signature

Third Bank Account Holder Name (if the account is in joint names) Signature

Section 8. Penson Direct Debit/Credit Authority Form

PENSON FINANCIAL SERVICES AUSTRALIA PTY LTD ("PENSON") ABN 60 136 184 962 AFSL No 338264



INDIVIDUAL CLIENTS TO COMPLETE

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

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"/>
Director / Secretary: Full name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION

If you have elected to authorize Penson to direct debit your Nominated Bank Account and by signing this Direct Debit/ /Credit Authority Form, you agree to be bound by the Direct Debit Terms and Conditions and the Direct Debit Request Service Agreement.

Completion of this form is optional

Section 8. Penson Direct Debit/Credit Authority Form

PENSON FINANCIAL SERVICES AUSTRALIA PTY LTD ("PENSON") ABN 60 136 184 962 AFSL No 338264



DIRECT DEBIT TERMS AND CONDITIONS

If you complete Penson's Direct Debit / Credit Authority Form and sign the form in the manner required, you:

- (a) request and authorise Penson (Debit User Identification number 227738) to arrange for any amount which you owe to Penson from time to time to be debited through the Bulk Electronic Clearing System and paid to Penson from the account you have nominated the Application Form;
- (b) authorise Penson to debit in accordance with the Direct Debit Agreement the account nominated by you in the Application Form with any amount Penson may debit or charge you; and
- (c) acknowledge having read and understood, and agree to be bound by, the terms in the Direct Debit Agreement below.

DIRECT DEBIT REQUEST SERVICE AGREEMENT

1. DEFINITIONS

In this Direct Debit Agreement:

Account means the account identified as the direct debit account in the Direct Debit / Credit Authority Form, but only if that account is held with a Financial Institution.

Banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia, or where there is a public holiday simultaneously in Victoria and New South Wales.

Debit Day means the day that payment is due from you to Penson.

Debit Payment means a particular transaction where a debit is made.

Direct Debit means the direct debit request which you make to Penson by completing the Direct Debit / Credit Authority Form Form and signing the Application Form.

Financial Institution means a financial institution with whom Penson has a direct debit facility arrangement. Please contact your adviser to check whether Penson has a direct debit facility arrangement with Your Financial Institution.

Your Financial Institution means the Financial Institution at which the Account is kept.

2. DEBITING THE CLIENT'S ACCOUNT

- 2.1 By completing the Direct Debit / Credit Authority Form and signing in the manner prescribed, you authorise Penson to arrange for funds to be debited from the Account.
- 2.2 Penson will only arrange for funds to be debited from the Account as authorised in the direct debit request.
- 2.3 If the Debit Day falls on a day that is not a Banking day, Penson may direct Your Financial Institution to debit the account on the following Banking day. If you are unsure about the day on which the Account has or will be debited, you should ask Your Financial Institution.

3. YOUR OBLIGATIONS

- 3.1 It is your responsibility to ensure that there are sufficient clear funds available in the Account to allow a Debit Payment to be made in accordance with the Direct Debit Request.
- 3.2 If there are insufficient funds in the Account to meet a Debit Payment:
 - (a) you may be charged a fee and/or interest by Your Financial Institution;
 - (b) you may also incur fees or charges imposed or incurred by Penson; and
 - (c) you must arrange for the Debit Payment to be made by another method or arrange for sufficient clear funds to be in the Account by an agreed time so that Penson can process the Debit Payment.
- 3.3 You should check the Account statement to verify that the amounts debited from the Account are correct.
- 3.4 If Penson is liable to pay goods and services tax (**GST**) on a supply made in connection with this agreement, then you agree to pay Penson on demand an additional amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

Section 8. Penson Direct Debit/Credit Authority Form

PENSON FINANCIAL SERVICES AUSTRALIA PTY LTD ("PENSON") ABN 60 136 184 962 AFSL No 338264



4. CHANGES

- 4.1 You may request deferment of, or alteration to, suspension of these direct debit arrangements or stop any debit item by contacting Penson on (02) 8999 4000 and confirm that request in writing by e-mailing cash@penson.com.au or faxing to (02) 8999 4099 or posting to GPO Box 5343, Sydney NSW 2001, or you may contact your financial institution.
- 4.2 You may also cancel your authority for Penson to debit the Account by giving Penson 14 days notice in writing by e-mailing cash@penson.com.au or faxing to (02) 8999 4099 or posting to GPO Box 5343, Sydney NSW 2001. This notice should be given to Penson in the first instance (and not Your Financial Institution).
- 4.3 Penson may make changes or terminate these arrangements at any time by giving 14 days notice in writing to you.

5. DISPUTE

- 5.1 If you believe that there has been an error in debiting the Account, you should notify Penson directly on (02) 8999 4000 and confirm that notice in writing as soon as possible by e-mailing cash@penson.com.au or faxing to (02) 8999 4099 or posting to GPO Box 5343, Sydney NSW 2001.
- 5.2 If Penson concludes as a result of our investigations that the Account has been incorrectly debited Penson will arrange for Your Financial Institution to adjust the Account accordingly. Penson will also notify you in writing of the amount by which the Account has been adjusted.
- 5.3 If Penson concludes as a result of our investigations that the Account has not been incorrectly debited Penson will provide you with reasons and any evidence for this finding.
- 5.4 Any queries about an error made in debiting the Account should be directed to Penson in the first instance (and not to Your Financial Institution) so that Penson can attempt to resolve the matter with you. If the matter cannot be resolved in this manner Penson may refer it to Your Financial Institution which will obtain details from you of the disputed transaction.

6. ACCOUNTS

Penson recommends that you:

- (a) confirm with Your Financial Institution whether direct debiting through the Bulk Electronic Clearing System (BECS) is available from the Account as direct debiting may not be available on all accounts offered by Your Financial Institution; and
- (b) check that the Account details provided to Penson are correct by checking them against a recent Account statement. If unsure, you should check with your Financial Institution before completing the Direct Debit Request.

7. CONFIDENTIALITY

- 7.1 Penson will keep any information (including Account details) in your Direct Debit confidential.
- 7.2 Penson will only disclose information that it has about you:
 - (a) to the extent specifically required by law; or
 - (b) for the purposes of this Direct Debit Agreement (including disclosing information in connection with any query or claim); or
 - (c) as permitted by the Terms.

8. GOVERNING LAW

These terms are governed by the laws in force in New South Wales.

Section 9. Tax File Number Notification

To
The Directors
Euroz Securities Limited
Level 14, The Quadrant
1 William Street
Perth, Western Australia 6000

Dear Sirs

I/We

of

Hereby appoint Euroz Securities Limited ("The Broker") as my agent and authorise the broker to provide my tax file number ("TFN"), detailed below, to all money market investment bodies and company registries with whom the broker acts on my/our behalf.

This authority is to apply until such time it is revoked in writing to the broker.

Date

INDIVIDUALS/JOINT ACCOUNTS

Applicant 1

Signature

Tax File Number

Applicant 2

Signature

Tax File Number

Applicant 3

Signature

Tax File Number

Applicant 4

Signature

Tax File Number

SUPERFUND/TRUST/COMPANY TAX FILE NUMBER

Tax File Number

Director/Trustee

Signature

Director/Trustee

Signature

Director/Trustee

Signature

Section 10. Stock Transfer Form

Request to Transfer Stock to Euroz Securities Limited

If you are already sponsored with another broker and would like to transfer your CHESS holdings to sponsorship with Euroz Securities Limited, please complete and send this form to your existing broker.

NAME OF EXISTING BROKER *Enter your existing broker details*

ACCOUNT DETAILS *Please enter your name and address details as they appear at your existing broker*

ACCOUNT NAME

ACCOUNT DESIGNATION

REGISTERED ADDRESS

Enter Your HIN (*Holder Identification Number*)

Please TICK one of the following boxes to select your instructions

- 1 Transfer HIN and ALL CHESS holdings (This will retain your existing TFN & "Dividend Re-investment Plan" (DRP) instructions).
- 2 Transfer ALL CHESS holdings (but not HIN) as listed below. (This will retain your existing TFN & DRP instructions).
- 3 Transfer selected CHESS holdings as listed below.
This may require you to re-apply for DRP as well as re-submit your Tax File Number to the company.

If you selected BOX 2 or 3 above , you will need to itemise your holdings below: *(attach a separate page if more space is required)*

Stock Name	Stock Code	No. of Units
<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"/>

Authorisation/Signature(s) of Account Holders

Applicant 1	Applicant 2	Applicant 3	Applicant 4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature <input type="text"/>	Signature <input type="text"/>	Signature <input type="text"/>	Signature <input type="text"/>
Date <input type="text"/>	Date <input type="text"/>	Date <input type="text"/>	Date <input type="text"/>

Please Note (i) For joint holdings each holder must sign (ii) If signed under Power of Attorney please attach a certified copy of the Power of Attorney.

OFFICE USE ONLY

Name <input type="text"/>	Signature <input type="text"/>	Date <input type="text"/>
A/C Number <input type="text"/>	Advisor <input type="text"/>	HIN <input type="text"/>
		Brokerage <input type="text"/>
Witness <input type="text"/>	Signature <input type="text"/>	Date <input type="text"/>

Section 11. Authorised Person Authority Form

CLIENT DETAILS

YOUR NAME

YOUR ADDRESS

DATE

To: The Manager

Euroz Securities Limited
Level 14, The Quadrant
1 William Street
Perth WA 6000

Euroz Account Name

Euroz Account Number (if known)

I/we authorise [insert full name] to be an Authorised Person with respect to the operation of the Account identified above.

I/we acknowledge and agree as follows:

- (1) The Authorised Person has the same authority to give Euroz instructions about the operation of the Account as each Applicant or Director identified at the Execution Agreement of this New Account Pack.
- (2) Subject to the matters set out in the Trading Terms and Conditions, Euroz will accept instructions from an Authorised Person about the operation of the Account until Euroz receives written notice that has been signed by one of the persons identified at the Execution Agreement of this New Account Pack, that the authority of the Authorised Person has been revoked.

Authorised Person Contact Details

Business phone

Home phone

Mobile phone

Facsimile

Email address

Do you wish Authorised Person to receive confirmations by email? Yes

No

Section 11. Authorised Person Authority Form

Verification of Identity – Authorised Person

STEP 1 – AUTHORISED PERSON TO COMPLETE

AUTHORISED PERSON DETAILS

Authorised Person 1:

Full Name and Residential Address (PO Box is not acceptable)

Relationship to the Client

Authorised Person 2:

Full Name and Residential Address (PO Box is not acceptable)

Relationship to the Client

CLIENT ACCOUNT NAME

Client Account Number (if known)

I/We, as Agents of the Client, certify that the above details are true and correct

Signature

Date

Signature

Date

STEP 2 – ESTABLISH YOUR IDENTITY VERIFICATION DOCUMENT AND PHOTOCOPY

IDENTITY VERIFICATION DOCUMENTS ATTACHED AS ANNEXURE "A"

You must provide evidence of the Agent's authority to act on behalf of the Client (eg. a signed letter, a signed authorisation form, signed power of attorney)

AND

Certified copy of a current Driver's Licence or Passport (Australian or foreign), containing signature and photograph of the individual Agents

OR

Australian or foreign birth or citizenship certificate or Centrelink pension or health card

PLUS

One of a recent (ie. current) Commonwealth, State or Territory financial benefit letter, Tax Office Advice letter (less than 12 months old) or municipal or utilities bill or letter of advice (less than 3 months old) containing the Agent's name and residential address

Section 12. Euroz Portfolio Access Request

Please provide me with online access to my Euroz Portfolio.

I/we acknowledge that I/we have read and understood the attached Portfolio Access Terms and agree to be bound by them.

Account Name

Account Number (if known) **Advisor**

Email address

Associated accounts to be linked to this username

Account Name	<input type="text"/>	Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Name	<input type="text"/>	Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Name	<input type="text"/>	Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Name	<input type="text"/>	Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Name	<input type="text"/>	Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Existing username : (if applicable)

Signed by all account holders

(Please ensure this request is signed by all account holders for the accounts you have requested to be linked to this account)

WHERE ACCOUNT IS OPENED ON BEHALF OF A PERSON OR PERSONS

APPLICANT 1

Name of Applicant 1	<input type="text"/>	Signature	<input type="text"/>	
Name of Witness	<input type="text"/>	Signature of Witness	<input type="text"/>	Date
				<input type="text"/>

APPLICANT 2

Name of Applicant 2	<input type="text"/>	Signature	<input type="text"/>	
Name of Witness	<input type="text"/>	Signature of Witness	<input type="text"/>	Date
				<input type="text"/>

APPLICANT 3

Name of Applicant 3	<input type="text"/>	Signature	<input type="text"/>	
Name of Witness	<input type="text"/>	Signature of Witness	<input type="text"/>	Date
				<input type="text"/>

APPLICANT 4

Name of Applicant 4	<input type="text"/>	Signature	<input type="text"/>	
Name of Witness	<input type="text"/>	Signature of Witness	<input type="text"/>	Date
				<input type="text"/>

Section 12. Euroz Portfolio Access Request

WHERE ACCOUNT IS OPENED ON BEHALF OF A COMPANY

Where company has a sole director

Name of Sole Director

Signature

Name of Witness

Signature of Witness

Date

Where company has more than one director

Director 1

Name of Director 1

Signature

Name of Witness

Signature of Witness

Date

Director 2

Name of Director 2

Signature

Name of Witness

Signature of Witness

Date

ACCESS TERMS

INTRODUCTION

Euroz Securities Limited ("Euroz") has arranged for portfolio access ("the Portfolio System") to be provided to you by IRESS Market Technology Limited ("IRESS"). These Access Terms set out the basis upon which you may have access to the Portfolio System and by signing the Portfolio Access Request you agree to be bound by these Access Terms with respect to your use of the Portfolio System.

1. **Compliance with IRESS Terms and Conditions**
You must comply with any terms and conditions that are imposed by IRESS with respect to your use of the Portfolio System.
2. **Right to withdraw or suspend access**
Euroz reserves the right to withdraw or suspend your access to the Portfolio System at any time.
3. **Manner of use**
 - 3.1 The Portfolio System is only for your use and, other than for purposes associated with the administration of your financial affairs, information that is available from the Portfolio System must not be disclosed to any other person or entity.
 - 3.2 You are responsible for the security of any passwords or other Logon ID that is used to allow you to have access to the Portfolio System. If you are aware of any unauthorised use of this information you must notify Euroz immediately.
4. **Liability and indemnity**
 - 4.1 Euroz is not liable to you for any loss, damage, cost or expense whether direct or indirect, consequential or economic (and whether or not caused by Euroz's negligence or the negligence of a third party) which arises in connection with:
 - (a) Euroz acting in accordance with these Access Terms;
 - (b) your use of the Portfolio System including the Portfolio System or any part of it being unavailable; or
 - (c) the accuracy of any information that is made available to you from the Portfolio System.
 - 4.2 You agree to indemnify Euroz for all liabilities, losses, damages, costs and expenses sustained or incurred by Euroz as a result of your use of the Portfolio System and/or failure to comply with these Access Terms.

Section 13. Sophisticated Investor Certificate

TO BE COMPLETED BY CLIENT'S ACCOUNTANT

TO

Euroz Securities Limited
ACN 089 314 983
Level 14, The Quadrant
1 William Street
Perth WA 6000

INDIVIDUAL'S FULL NAME OR COMPANY NAME & ACN/ABN

COMPLETE ADDRESS DETAILS

In accordance with Section 708(8) of the Corporation Act 2001, I hereby certify that the identity whose details are set out above:

- (a) Has net assets of at least \$2.5 million; or
- (b) Has a gross income for each of the last 2 financial years of at least \$250,000 a year.

ACCOUNTANT'S DETAILS (Please print details below)

Full Name

Company

Address

Phone

Signature of Qualified Accountant

Date

This page has been left blank intentionally

EUROZ
SECURITIES LIMITED

Level 14, The Quadrant
1 William Street
Perth Western Australia 6000
T +61 8 9488 1400
F +61 8 9488 1477
www.euroz.com.au