



Alert Trader Pty Ltd
 Level 39 Australia Square
 264 – 278 George St, Sydney NSW 2000
 PO Box R1802, Royal Exchange NSW
 Tel: + 61 2 9255 0555 Fax +61 2 9251 7682
 ABN 89 104 221 132 AFSL 310891

UBS
UBS Securities Australia Limited
 ABN 62 008 586 481
 AFS Licence 231098
 A participant of ASX Group

Application Form – (Trust – Individual & Corporate)

Helpful Information	
Mandatory Fields #	Please complete all fields with a # next to them
Additional Space	If there is insufficient space in any of the sections please attach addition paperwork
Source of Wealth	Please state your source of wealth (e.g. Employment, Investments, other)
Govt Id Type	Please provide a copy of a Government Issued Id. (e.g. Passport, Drivers Licence etc)
Section 2 – Account Name	This is the name that will appear on Contract Notes and Statements. Please be aware of the character limitations, First Line 40 characters and Second Line 19 characters
Section 2 – Postal Address	This address can be a PO Box if required and is the address that the Contract Notes & Statements will be sent to if elected.
Section 3 – Bank Accounts	Please note that a Bank Account or CMT Account is required as UBS does not issue cheques.
Section 3 – Direct Debit	Please provide direct debit and credit authority to allow seamless settlement to and from your account on Settlement Day
Section 3 – CMT Accounts	If you are trading Exchange Traded Options then you MUST have an account with a UBS approved CMT provider
Section 4 - Confirmations	Please indicate how you want your Contract Notes delivered. At least one copy must go the Account Holder.

1. Trust Applicant (with Individual or Corporate Trustees)

Trust Name #	
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Trust Type #	
Country of Establishment #	
Govt Id Type #	Id No. #

If the Trust is a Superannuation Fund please provide the ABN Number

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Registered Office / Principal place of Business # (cannot be PO Box address)

Address Line 1	
Address Line 2	
Address Line 3	
Suburb	State
Post Code	Country

Trust Asset Source Details # (Please provide the details of the source of assets settled into the Trust)

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Individual Trustee Details #

Trustee 1 – Full Name #	
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Contact Details # (Mandatory – Please complete 1 contact detail)

Home Phone	
Work Phone	
Mobile Phone	
Fax Number	
Email Address	

Residential Address # (cannot be a PO Box address)

Address Line 1	
Address Line 2	
Address Line 3	
Suburb	State
Post code	Country

Date of Birth #			
Tax File Number			
Source of Wealth #			

Nationality #	
Occupation	
Govt Id Type #	Id Number #

Trustee 2 – Full Name #	
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Contact Details # (Mandatory – Please complete 1 contact detail)

Home Phone	
Work Phone	
Mobile Phone	
Fax Number	
Email Address	

Residential Address # (cannot be a PO Box address)

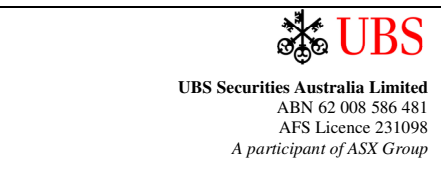
Address Line 1	
Address Line 2	
Address Line 3	
Suburb	State
Post code	Country

Date of Birth #			
Tax File Number			

Nationality #	
Occupation	



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Source of Wealth #	Govt Id Type #	Id Number #
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Trustee 3 – Full Name #	
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Contact Details # (Mandatory – Please complete 1 contact detail)

Home Phone	
Work Phone	
Mobile Phone	
Fax Number	
Email Address	

Residential Address # (cannot be a PO Box address)

Address Line 1			
Address Line 2			
Address Line 3			
Suburb		State	
Post code	Country		

Date of Birth #			
Tax File Number			
Source of Wealth #			

Nationality #	
Occupation	
Govt Id Type #	Id Number #

Trustee 4 – Full Name #	
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Contact Details # (Mandatory – Please complete 1 contact detail)

Home Phone	
Work Phone	
Mobile Phone	
Fax Number	
Email Address	

Residential Address # (cannot be a PO Box address)

Address Line 1			
Address Line 2			
Address Line 3			
Suburb		State	
Post code	Country		

Date of Birth #			
Tax File Number			
Source of Wealth #			

Nationality #	
Occupation	
Govt Id Type #	Id Number #

Beneficial Owners -Full Name or Class of Beneficiaries (if individual beneficial owners are not named) #

Full Name	
Full Name	
Full Name	
Full Name	
Full Name	
Class	

All Settlers / Grantors – (if applicable) Full Name #

Full Name	
Full Name	
Full Name	
Full Name	

Corporate Trustee Details #

Company Details #

Company Name #	
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Country of Incorporation #	
Date of Incorporation #	

Registered Office / Principal place of business in Australia # (cannot be a PO Box)

Address Line 1	
Address Line 2	
Address Line 3	

Registered by ASIC # as a Proprietary Public



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ACN ABN ARBN

Suburb			State
Post code	Country		

Foreign Company # – Additional information required if the company is Foreign

Foreign Registration Id #		Address in Country of Formation / Incorporation / Registration #		
Registration Body Id #		Address Line 1		
Registered by a Foreign Registration Body as		Address Line 2		
<input type="checkbox"/> Proprietary <input type="checkbox"/> Public		Address Line 3		
Local Agent Details (if applicable)		Address Line 4		
Local Agent Name		Country		
		Local Agents Address Details		
		Address Line 1		
		Address Line 2		
		Address Line 3		
		Suburb	State	
		Post Code	Country	

Directors of the Company – if proprietary and not licensed or subject to regulatory oversight please provide Full name of all Directors of the Company #

Full Name	
Full Name	
Full Name	
Full Name	
Full Name	
Full Name	

Beneficial Owners – if proprietary and not licensed or subject to regulatory oversight please provide Full Details of all Beneficial Owners of the Company #

Beneficial Owner – Full Name #				
Contact Details # (Mandatory – Please complete 1 contact detail)		Residential Address # (cannot be a PO Box address)		
Home Phone		Address Line 1		
Work Phone		Address Line 2		
Mobile Phone		Address Line 3		
Fax Number		Suburb	State	
Email Address		Post Code	Country	
Date of Birth #	<input type="text"/>	Nationality #		
Tax File Number	<input type="text"/>	Occupation		
Source of Wealth #		Govt Id Type #	Id Number #	

Beneficial Owner – Full Name #				
Contact Details # (Mandatory – Please complete 1 contact detail)		Residential Address # (cannot be a PO Box address)		
Home Phone		Address Line 1		
Work Phone		Address Line 2		
Mobile Phone		Address Line 3		
Fax Number		Suburb	State	
Email Address		Post Code	Country	
Date of Birth #	<input type="text"/>	Nationality #		



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Tax File Number			
Source of Wealth #			

Occupation			
Govt Id Type #		Id Number #	

Beneficial Owner – Full Name #			
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Contact Details # (Mandatory – Please complete 1 contact detail)

Home Phone	
Work Phone	
Mobile Phone	
Fax Number	
Email Address	

Date of Birth #			
Tax File Number			
Source of Wealth #			
Source of Wealth			

Residential Address # (cannot be a PO Box address)

Address Line 1			
Address Line 2			
Address Line 3			
Suburb		State	
Post Code		Country	

Nationality #			
Occupation			
Govt Id Type #		Id Number #	
Suburb		State	
Post Code		Country	

2. Account and Registration Details #

Account Name		Max 40 characters
		Max 19 characters

Same as Residential

Please note that if you select confirmations to be sent via post, then this is the address they will be sent to.

Postal Address #			
Address Line 1			
Address Line 2			
Address Line 3			
Suburb		State	
Post Code		Country	

Registration Details # – (The Applicant's financial products will be registered in this name and at this address)

Same as Residential

Holder Name 1	
Holder Name 2	
Holder Name 3	
Designation	< >

Address Line 1			
Address Line 2			
Address Line 3			
Suburb		State	
Post Code		Country	

Designation – Maximum 24 characters (Please abbreviate if necessary)

ASX Business Rules

- Prohibit the use of the following words, TF, ATF, Trust or Trustee within the Designation of the Account
- Require that the Holder Name(s), Designation and Address do not exceed a total of 180 characters

3. Banking Information #

The applicant must have ultimate beneficial ownership of the account and where possible be in the exact name as the Account name

Bank Account Details


Please note,

The account must be with an Australian Authorised Deposit-taking Institution or an Australian branch of a Foreign Authorised Deposit-taking Institution.

Account Name	
BSB number	
Account Number (last 9 digits only)	



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Cash Management Trust (CMT) Authority (Please ask your Adviser for details of approved CMT providers)

CMT Provider		BSB Number	
Account Name		Account Number	

Direct Debit Request

Do you request UBSSA to directly debit from your bank (or other financial institution) account any amount required to settle any transaction executed or outstanding for you?

Yes No

4. Confirmations

Note that a confirmation of each transaction executed for the Applicant will be sent directly to the Applicant and a copy will be sent to your Adviser. Please be aware that your adviser may also instruct us to send a copy to a third party to facilitate settlement or the updating of a portfolio system.

Please indicate how you would like to receive your confirmations. An email address is required if you are trading Exchange Traded Options.

Do you wish to receive confirmations by email?

Yes No

This must be the email address of the Applicant (if the Applicant is a company, the email address of a director or employee of the company) and not that of a third party

Do you wish to receive confirmations by Fax?

Yes No

Fax No.

Do you wish to receive confirmations by Post?

Yes No

This will be sent to the Account Postal address in section 2

5. Additional Products Traded

Warrants	Do you wish to trade in Warrants?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Derivatives	Do you wish to trade in Derivatives?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6. Acknowledgements

By signing this application form in section 9 you acknowledge that you have received, read and understood each of the following documents.

6.1 UBS Securities Australia Limited – Financial Services Guide	6.2 Explanation of CHESSE Sponsorship Agreement
6.3 ASX Explanatory Booklet on Warrants (if applicable)	6.4 ASX Explanatory Booklet on Derivatives (if applicable)
6.5 UBSSA Product Disclosure Statement in relation to ASX Derivatives (if applicable)	

By signing this application form in section 9 you acknowledge that you have received, read and understood each of the following documents and you agree to be bound by each of those documents

6.6 General Terms	6.7 Sponsorship Terms
6.8 Direct Debit Request Service Agreement	6.9 Warrant Client Agreement (if applicable)
6.10 Derivatives Terms (if applicable)	

7. Customer Verification Requirements

Current, valid, certified copies of identification documents for each applicant must be obtained. Documents must be certified as a true copy of the original by a justice of the peace, lawyer with current practising certificate, registered chartered accountant or any other person authorised under the Australia AML/ CTF Rules Instrument 2007 (No.1).

(a) If this is an Individual / Joint Application, please attach:

- A certified copy of your current driver's licence (with photo) or current passport; and
- A utility bill (phone, gas or electricity) dated last 3 months, for each applicant

(b) If this is a Company Application, please attach:

- An ASIC company extract or a certified copy of a certificate of registration issued by ASIC (or a foreign equivalent document if an unregistered, (not registered with ASIC) foreign company); and
- If a proprietary company, for all relevant beneficial owners, controllers and at least 2 directors of the company, requirements as per 7(a).
(A relevant beneficial owner is a person who owns more than 25% of the issued capital of a company that is domiciled in a non-sensitive country like Australia).

(c) If this is a Trust Application, please attach:



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- A current certified copy or a certified extract of the Trust Deed to this form; and
- For all Individual Trustees, obtain requirements as per 7(a) and for Corporate Trustees 7(b).

8. Copies of Documents

Have you attached the following documents to this form? (UBSSA will be unable to open an account unless the required documents are attached).

8.1 Current certified copies of identification documents for each applicant (see section 7 above)		Yes	<input type="checkbox"/>
8.2 Warrant Client Agreement (if applicable)	N/A	Yes	<input type="checkbox"/>
8.3 ACH Registered Holder Collateral Cover Authorisation form (if applicable)	N/A	Yes	<input type="checkbox"/>
8.4 Client Intermediary Acknowledgement form (Required to authorise your Adviser to be able to place orders with UBSSA on your behalf)		Yes	<input type="checkbox"/>

9. Execution (this section is mandatory)

Executed by the Applicant(s) - (Note that if this is a company application, this agreement must be executed by 2 directors or 1 director and 1 company secretary, or if the company has only 1 director who is also the sole secretary (if any), that person.)

Trustee 1 / Director 1 (delete whichever is not applicable)

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

Trustee 2 / Director 2 / Company Secretary (delete whichever is not applicable)

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

Please return all pages of this Application Form to ALERT TRADER PTY LTD (your Intermediary)

OFFICE USE ONLY

UBSSA agrees to be bound by the following documentation:

(a) General Terms	(b) Sponsorship Terms	(c) Direct Debit Request Service Agreement
(d) Warrant Client Agreement (if applicable)	(e) Derivatives Terms (if applicable)	

EXECUTED by an authorised signatory of **ALERT TRADER PTY LTD** as an authorised signatory for **UBS SECURITIES AUSTRALIA LIMITED** in the presence of:

<input type="text"/>	<input type="text"/>	CHES Sponsorship
Signature of Officer	Signature of Witness	<input type="text"/>
<input type="text"/>	<input type="text"/>	Holder Identification Number (HIN)
Name of Officer (print)	Name of Witness (print)	
Authorised Signatory	<input type="text"/>	
Office Held	Date	