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 ABN 89 104 221 132 AFSL 310891


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

Application Form – Company (Domestic & Foreign)

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. Company Applicants

1(a). Company Details #

Company Name #			
Country of Incorporation #			
Date of Incorporation #			
Registered by ASIC # as a	<input type="checkbox"/> Proprietary	<input type="checkbox"/> Public	
ACN <input type="checkbox"/>	ABN <input type="checkbox"/>	ARBN <input type="checkbox"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered Office / Principal place of business in Australia # (cannot be a PO Box)			
Address Line 1			
Address Line 2			
Address Line 3			
Suburb		State	
Post code	Country		

1(b). Foreign Company # – Additional information required if the company is Foreign

Foreign Registration Id #			
Registration Body Id #			
Registered by a Foreign Registration Body as	<input type="checkbox"/> Proprietary	<input type="checkbox"/> Public	
Address in Country of Formation / Incorporation / Registration #			
Address Line 1			
Address Line 2			
Address Line 3			
Address Line 4			
Country			
Local Agent Details (if applicable)			
Local Agent Name			
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	
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)	
Home Phone	
Work Phone	
Mobile Phone	
Fax Number	
Email Address	
Date of Birth #	
Tax File Number	
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 #

Beneficial Owner – Full Name #	
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 #	
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 #

Beneficial Owner – Full Name #	
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 #	
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 #

2. Account and Registration Details #

Account Name		Max 40 characters
		Max 19 characters
Same as Residential <input type="checkbox"/>		
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	< >

Designation – Maximum 24 characters (Please abbreviate if necessary)

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

- 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)	

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 CHES 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).

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.)

Director 1 / Sole Director (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"/>	<input type="text"/>
	Date

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