



**Alert Trader Pty Ltd**

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 ABN 89 104 221 132 AFSL 310891

**Application Form – (Individual & Joint Applicants)**

**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. Individual / Joint Applicants**

**Applicant 1 – (Full Name) #**

Contact Details – (Please complete at least 1 contact detail) #

Home Phone	<input type="text"/>
Work Phone	<input type="text"/>
Mobile Phone	<input type="text"/>
Fax Number	<input type="text"/>
Email Address	<input type="text"/>

Date of Birth #	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Tax File Number	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Source of Wealth #	<input type="text"/>				

Residential Address # (cannot be a PO Box address)

Address Line 1	<input type="text"/>			
Address Line 2	<input type="text"/>			
Address Line 3	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	
Post Code	<input type="text"/>	Country	<input type="text"/>	

Nationality #	<input type="text"/>			
Occupation	<input type="text"/>			
Govt Id Type #	<input type="text"/>	Id Number #	<input type="text"/>	

Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group?  
 No  Yes  Description of Relationship

**Applicant 2 – (Full Name) #**

Contact Details – (Please complete at least 1 contact detail) #

Home Phone	<input type="text"/>
Work Phone	<input type="text"/>
Mobile Phone	<input type="text"/>
Fax Number	<input type="text"/>
Email Address	<input type="text"/>

Date of Birth #	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Tax File Number	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Source of Wealth #	<input type="text"/>				

Residential Address # (cannot be a PO Box address)

Address Line 1	<input type="text"/>			
Address Line 2	<input type="text"/>			
Address Line 3	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	
Post Code	<input type="text"/>	Country	<input type="text"/>	

Nationality #	<input type="text"/>			
Occupation	<input type="text"/>			
Govt Id Type #	<input type="text"/>	Id Number #	<input type="text"/>	

Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group?  
 No  Yes  Description of Relationship

**Applicant 3 – (Full Name) #**

Contact Details – (Please complete at least 1 contact detail) #

Home Phone	<input type="text"/>
Work Phone	<input type="text"/>
Mobile Phone	<input type="text"/>
Fax Number	<input type="text"/>
Email Address	<input type="text"/>

Residential Address # (cannot be a PO Box address)

Address Line 1	<input type="text"/>			
Address Line 2	<input type="text"/>			
Address Line 3	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	
Post Code	<input type="text"/>	Country	<input type="text"/>	

Date of Birth #			
Tax File Number			
Source of Wealth #			

Nationality #			
Occupation			
Govt Id Type #		Id Number #	

Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group?

No  Yes  Description of Relationship

### 1(a). Sole Trader

If the Applicant is a Sole Trader, then please provide the following additional details,

Business Name (If any)			
ABN Number: #			
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	

### 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		
Account Name		
BSB Number		
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

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

### 6. 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

### 7. 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 <input type="checkbox"/>	Yes <input type="checkbox"/>
8.3 ACH Registered Holder Collateral Cover Authorisation form (if applicable)	N/A <input type="checkbox"/>	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"/>

**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:

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
CHESS Sponsorship

\_\_\_\_\_  
Name of Officer (print)

\_\_\_\_\_  
Name of Witness (print)

\_\_\_\_\_  
Holder Identification Number (HIN)

\_\_\_\_\_  
**Authorised Signatory**

\_\_\_\_\_  
Office Held

\_\_\_\_\_  
Date