

# STOCKBROKING INSTITUTIONAL ACCOUNT OPENING form

To open a new Institutional Account, fill in the form and email or post it back to your Account Service Manager.

## Section A – Intermediary Group Details

Intermediary Group Name \_\_\_\_\_  
AFSL Number \_\_\_\_\_ ACN \_\_\_\_\_ ABN \_\_\_\_\_

Proceed to **SECTION B** >

## Section B – Institutional Client Details – Foreign Company (Registered with ASIC)

Full Name of the Company \_\_\_\_\_  
(as registered by ASIC)

The Company Registered Office Address in Australia \_\_\_\_\_  
Suburb/Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

The Company's Principal Place of Business Address in Australia (if any) \_\_\_\_\_  
Suburb/Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

**Or**  
Full name of the company's local agent in Australia (if any) \_\_\_\_\_  
The Agent Address in Australia \_\_\_\_\_  
Suburb/Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

The company: AFSL Number \_\_\_\_\_ ACN \_\_\_\_\_ ABN \_\_\_\_\_

The company ARBN \_\_\_\_\_  
(Australian Registered Body Number)

The country in which the company was registered \_\_\_\_\_

Is the company registered by the foreign registration body? (please tick one)  Yes  No

The company registration type with the foreign registration body (please tick one)  Proprietary  Public

The company's registration type with ASIC (please tick one)  Proprietary  Public

**If the Company is registered as Proprietary, please provide all Directors' details:**

Director Name	DOB	Address
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____

**Please note: If more than 4 directors, please copy the page and provide all directors' details**

Please send the completed form to your adviser via email or post (see below):

Proceed to **SECTION C** >

Stockbroking services are provided by CMC Markets Stockbroking at the request of your Introducing Adviser. Neither CMC Markets Stockbroking nor your Introducing Adviser are representatives of each other.

CMC Markets Stockbroking is the trading name of CMC Markets Stockbroking Limited (ABN 69 081 002 851, AFSL No.246381), Participant of the ASX Group (Australian Securities Exchange), SSX (Sydney Stock Exchange) and Chi-X (Chi-X Australia).

### Broker Services

GPO Box 5351  
Sydney NSW 2001

1300 557 561

BrokerServices@cmcmarkets.com.au

## Section C – Account Details

Parent Account Number \_\_\_\_\_  
(if existing accounts)

Parent Account Name \_\_\_\_\_  
(for new parent accounts – KYC identification requirements apply)

Child Account Name \_\_\_\_\_

Child Account Type (please tick one)  Registered Fund  Internal Account  Individual

Contract Note Email Address \_\_\_\_\_

Contract Note Delivery Method (please tick one)  Email Only  Print Only  Print and Email

Brokerage \_\_\_\_\_

Proceed to **SECTION D** >

## Section D – Custodian Details

Custodian Name \_\_\_\_\_

Custodian PID \_\_\_\_\_

HIN

Registration Email Address \_\_\_\_\_

Proceed to **SECTION E** >

## Section E – IRESS Booking Details

IRESS \_\_\_\_\_

IOS Booking Reference \_\_\_\_\_

Central Trade Manager \_\_\_\_\_

Short Name Code \_\_\_\_\_

Parent Acronym \_\_\_\_\_

Proceed to **SECTION F** >

## Section F – Acknowledgement/Declaration

### Anti-Money Laundering and Sanctions

The Client agrees that CMC Markets Stockbroking may delay, block or refuse to process any transaction without incurring any liability if CMC Markets Stockbroking suspects that:

- the transaction may breach any laws or regulations in Australia or any other country;
- the transaction involves any person (natural, corporate or governmental) that is itself sanctioned or is connected, directly or indirectly, to any person that is sanctioned under economic and trade sanctions imposed by the United States, the European Union or any other country; or
- the transaction may directly or indirectly involve the proceeds of, or be applied for the purposes of, unlawful conduct.

The Client must provide all information to CMC Markets Stockbroking which CMC Markets Stockbroking reasonably requires in order to manage money-laundering or terrorism-financing and economic and trade sanctions risk or to comply with any laws or regulations in Australia or any other country.

Unless the Client has disclosed that it is acting in a trustee capacity or on behalf of another party, the Client warrants that it is acting on its own behalf in signing this application form. The Client declares and undertakes to CMC Markets Stockbroking that the processing of any transaction by CMC Markets Stockbroking in accordance with the Client's instructions will not breach any laws or regulations in Australia or any other country.

Proceed to **SECTION G** >

## Section G – Client Declaration

This section must be completed and signed by the institutional client detailed under Section B.

Please tick:

- I/we have complied with the terms of our agreement with CMC Markets Stockbroking Limited and all relevant legislation. I/we acknowledge that I/we have read, received and understood the CMC Markets Institutional Client (DVP Settlement) Terms and Conditions (“**Terms and Conditions**”), accessible on CMC Markets’ website (<https://www.cmcmarkets.com/en-au/legal-documents/stockbroking-legal-documents>) or by contacting CMC Markets. By signing this Application Form I/we agree to be bound by the Terms and Conditions. From time to time CMC Markets may update the Terms and Conditions and where an update to the Terms and Conditions is underway at the time I/we sign this Application Form, I/we agree to waive any relevant notice period relating to the updated Terms and Conditions available on CMC Markets’ website (<https://www.cmcmarkets.com/en-au/legal-documents/stockbroking-legal-documents>) from time to time, and I/we agree to be bound by the amended Terms and Conditions upon their effective date.
- Where applicable, I/we certify to CMC Markets Stockbroking Limited that I am/we are authorised to provide the personal details presented and I/we consent to this information being checked with the document issuer or official record holder via a third party system for the purpose of confirming my/our identity.

### DIRECTOR 1/AUTHORISED PERSON 1

Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

Suburb/Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / 20

### DIRECTOR 2/AUTHORISED PERSON 2

Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

Suburb/Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / 20

### DIRECTOR 3/AUTHORISED PERSON 3

Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

Suburb/Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / 20