

STOCKBROKING ULTIMATE BENEFICIAL OWNER/CONTROLLER/APPOINTER/ SETTLOR/BENEFICIARY form

Current Account Details

Existing Trading Account Number or Application Reference

Account Name

Company account

- **Ultimate Beneficial Owner/Controller:** Proceed to SECTION A

Please sign and date SECTION E

Trust account

- **Appointor:** Proceed to SECTION B
- **Settlor:** Proceed to SECTION C
- **Beneficiaries:** Proceed to SECTION D

Please sign and date SECTION E

.....
Please provide the details of each ultimate beneficial owner or controller as described below:

- Individual(s) who own (directly or indirectly) 25 per cent or more in the Company (Beneficial Owner)
- If an individual does not meet the above criteria as Beneficial Owner, please provide details of the company's controllers below. A company's controller is someone who can make strategic decisions at a senior executive level (eg Director, CEO, CFO)

Section A – Details of the Ultimate Beneficial Owner or Controller of the Company

Ultimate Beneficial Owner or Controller of the Company 1

Mr Mrs Miss Ms Dr Other (please specify) _____

Full Name _____ Also known as _____

Date of Birth ____ / ____ / ____ Place of Birth _____ Gender: Male Female

Driver's licence/
Passport number _____

Residential Address: _____
(PO Box not allowed)

We require some information about your citizenship and tax residency to comply with international tax regulations.

Are you a citizen of the United States of America? Yes No

If the answer above is 'Yes' please supply the relevant Tax Identification Number: _____

Are you an Australian citizen? Yes No

Are you a tax resident or citizen anywhere other than Australia or the US? Yes No

If you answered 'Yes', please complete the below table for each country you are a tax resident and/or citizen for:

Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please email your completed and signed form to brokerservices@cmcmarkets.com

SECTION A continued overleaf >

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.

Broker Services

GPO Box 5351
Sydney NSW 2001

1300 557 561
brokerservices@cmcmarkets.com

Ultimate Beneficial Owner or Controller of the Company 2

Mr Mrs Miss Ms Dr Other (please specify) _____

Full Name _____ Also known as _____

Date of Birth ____ / ____ / ____ Place of Birth _____ Gender: Male Female

Driver's licence/
Passport number _____

Residential Address: _____
(PO Box not allowed)

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Country	Citizen	Tax resident	Primary tax residency (select one)	Tax Identification Number (TIN)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Proceed to **SECTION B** >

Section B – Details of the Appointor of the Trust

- **For a discretionary trust** – the Appointor of the Trust (may be referred to as the Custodian or the Principal).
- **For a fixed trust** – any individuals entitled to 25 per cent or more of the Trust assets or, where there are no such individuals, the Appointor of the Trust.

.....
First Name _____ Middle Name _____ Last Name _____
(not mandatory)

Proceed to **SECTION C** >

Section C – Details of the Settlor of the Trust

First Name _____ Middle Name _____ Last Name _____
(not mandatory)

Proceed to **SECTION D** >

Section D – Details of the Beneficiaries of the Trust

Please provide the details each beneficiary, or where there is a class of beneficiary, the name of the class.
This section is not applicable to SMSFs.

Beneficiary 1

Individual Full Name/Name of Class _____

Beneficiary 2

Individual Full Name/Name of Class _____

Beneficiary 3

Individual Full Name/Name of Class _____

Beneficiary 4

Individual Full Name/Name of Class _____

Proceed to **SECTION E** >

Section E – Client Agreement and Declaration

Please sign here:

I/We understand and accept that I/we am/are providing the declarations below on behalf of the Company or Trust (as applicable) and I/we confirm that I/we have proper authorisation to do so.

I/we certify to CMC Markets Stockbroking Limited that I am/we are authorised to provide the personal details presented, which relate to me/us and other individuals linked to the Company or Trust (as applicable). 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 and the identity of those other individuals.

Trustee / Director 1

Trustee / Director 2

Trustee 3 (if applicable)

Signature _____

Print name _____

Date

____ / ____ / 20

____ / ____ / 20

____ / ____ / 20