

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

count Name				
Company account	Trust account			
Ultimate Beneficial Owner/Controller:	Appointor: Proceed to SECTION B			
Proceed to SECTION A	Settlor: Proceed to SECTION C			
Please sign and date SECTION E	Beneficiaries: Proceed to SECTION D			
Troubbong trains date SEOTIONE	Please sign and date SECTION E			
Please provide the details of each ultimate be	eneficial owner or controller as described below:			
• Individual(s) who own (directly or indirectly)	25 per cent or more in the Company (Beneficial Owner)			
	eria as Beneficial Owner, please provide details of the company's controllers below. A nake strategic decisions at a senior executive level (eq Director, CEO, CFO)			

Ultimate Beneficial	Owner or Controlle	r of the Company 1				
Mr Mrs	Miss Ms	Dr Othe	er (please specif	fy)		
Full name	Also known as					
Date of Birth		Place of Birth				Gender Male Female
Driver's licence/ Passport number						
Residential Address						
	(PO Box, GPO Box, C/O, RM	B, PMB and Locked Bag is no	ot allowed)			
We require some inf	ormation about your	citizenship and tax re	sidency to c	comply with in	ternationa	al tax regulations.
Are you a citizen of th	e United States of Ame	erica?		Yes	No	
If the answer above is	s ' <b>Yes</b> ' please supply th	e relevant Tax Identific	cation Numbe	er:		
Are you an Australian	citizen?			Yes	No	
Are you a tax residen	t or citizen anywhere c	ther than Australia or t	the US?	Yes	No	
If you answered 'Yes	s', please complete th	e below table for eac	h country yo	ou are a tax res	ident and	/or citizen for:
Country		Citizen	Tax resident	Primary tax ro		Tax Identification Number (TIN)

Please email your completed and signed form to **stockbroking.forms@cmcmarkets.com** 

Section A continued overleaf >

N 4	Migs	Ma D						
Mr Mrs	Miss	Ms Dr	Oth	er (please specit				
Full name					Also	knownas		
Date of Birth		Place	of Birth _				Gender N	1ale Femal
Driver's licence/ Passport number								
Residential Address								
	(POBox, GPOBox, C/C		· ·					
We require some inf			and tax re	esidency to d			al tax regulations	
Are you a citizen of th	e United States of A	America?			Yes	No		
f the answer above is	s ' <b>Yes</b> ' please suppl	ly the relevant T	ax Identifi	cation Numb	er:			
Are you an Australian	n citizen?				Yes	No		
Are you a tax residen	ıt or citizen anvwhe	ere other than A	ustralia or	the US?	Yes	No		
f you answered 'Yes	s', please complete	e the below tab	ole for eac	h country yo	u are a tax re	sident and	or citizen for:	
					<b>.</b> .	residency		
				Tax	Primary tax			
Country			Citizen	Tax resident	Primary tax (select		Tax Identification	n Number (TIN)
Country			Citizen				Tax Identificatio	n Number (TIN)
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Section B – Details For a discretionary For a fixed trust – a the Trust.  First Name  Section C – Details	<b>y trust</b> – the Appoint any individuals entitl	or of the Trust (red to 25 per cen  Middle Name (not mandatory)	may be reference of	resident	e Custodian or sets or, where	one)	al). o such individuals,	Proceed to <b>Section</b> the Appointor of

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