

# CMC MARKETS STOCKBROKING – SYSTEM ACCESS form

## Instructions

This form must be completed by all new advisers/users prior to gaining access to CMC Markets Stockbroking systems.  
Please email your completed and signed form to [brokerservices@cmcmarkets.com.au](mailto:brokerservices@cmcmarkets.com.au)

## Section A – New User Details

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	Other: _____					
Surname	_____					Given Name(s)	_____			
Date of Birth	____ / ____ / ____									
Residential Address <small>(PO Box not allowed)</small>	_____									
	Suburb/Town	_____				State	_____		Postcode	_____
Contact Numbers	Mobile (recommended)	_____				Work	_____			
	Email	_____								
Driver's licence/ Passport number	_____									

Proceed to **SECTION B** >

## Section B – Licensee Details

AFSL Group Name	_____
AFSL Number	_____
ACN / ABN	_____
CAR Number <small>(If Applicable)</small>	_____

Proceed to **SECTION C** >

## Section C – Access Level

Access Level Required:	<input type="checkbox"/> Trading Access	<input type="checkbox"/> View Only Access (Admin)	Options Trading Level:	<input type="checkbox"/> ADA01	<input type="checkbox"/> ADA02
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Proceed to **SECTION D** >

## Section D – Authorisation

The form needs to be signed by the AFSL licensee/Director/Office Manager.

Signature(s)	_____	_____
Name(s) (printed)	_____	_____
Date	____ / ____ / 20____	____ / ____ / 20____

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