

INSTITUTIONAL ACCOUNT application form

Please select:

- New Institution (New Master Account)
- Add New Sub-Account(s) to existing Institutional Master Account

In order to process your application, you will need to attach the following:

1. A completed 'Wholesale Investor' form.
2. The relevant authority and ID for the person who is authorised to deal with CMC Markets on behalf of the Institution.

Institution Details

(Not required if adding new Sub-Accounts to an existing Master.)

Institution Name: _____

ABN/ACN: _____ **TFN:** - -
(Not required if ABN provided.)

Registered Office Address: _____

 Suburb: _____ State: _____ Postcode: _____

Principal Place of Business: _____
(If any)

Postal Address: _____
 Suburb: _____ State: _____ Postcode: _____
 Country: _____
 Tel: _____
 Email: _____

Registered with ASIC?: Yes No **If so,** Public Proprietary Company N/A

If Proprietary, please list the name of each Director:
 Name (1): _____
 Name (2): _____
 Name (3): _____
 Name (4): _____
 Name (5): _____
 Name (6): _____

If Proprietary, please also list the name of any individual who owns (through one or more share holdings) more than 25% of the issued capital in the company:
 Name (1): _____
 Name (2): _____
 Name (3): _____
 Name (4): _____
 Name (5): _____
 Name (6): _____

Confirmations and communications

CMC Markets is not required to provide a formal confirmation in the form notified by ASIC to wholesale clients.

- As a wholesale client I agree to not receive formal confirmations in the form notified by ASIC
- I/we want to receive information and client communications electronically via email

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

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GST

Is this account required to pay GST? (e.g. Australian resident, or making a supply in Australia)

Yes No

Sub-account details

SUB ACCOUNT 1

Fund Name: _____

Search Key: _____

Custodian: _____

PID: _____

Will OASYS confirm the Tax Invoice? Yes No

IRESS ETC:

IOS Client Org:

OR

OASYS Fund Code:

OASYS Client Code:

Copy 1

Email: _____

Contact person: _____

Institution/Company (if applicable): _____

Copy 2

Email: _____

Contact person: _____

Institution/Company (if applicable): _____

SUB ACCOUNT 2

Fund Name: _____

Search Key: _____

Custodian: _____

PID: _____

Will OASYS confirm the Tax Invoice? Yes No

IRESS ETC:

IOS Client Org:

OR

OASYS Fund Code:

OASYS Client Code:

Copy 1

Email: _____

Contact person: _____

Institution/Company (if applicable): _____

Copy 2

Email: _____

Contact person: _____

Institution/Company (if applicable): _____

Signature (Director or Company Secretary)

X

Title: _____ Date: / / 20

Signature (Director or Company Secretary)

X

Title: _____ Date: / / 20

Trading participant authorisation

(Internal use only.)

Client Type: _____ Classification: _____ Dealer code: _____

Branch code: _____ Brokerage Schedule Code: _____

GST Payable: Yes No

Country of Incorporation: _____

Notes / Additional Instructions: _____

Prepared by: _____ Approved by Manager: _____