## TRANSFER CHESS HOLDINGS form

If you have CHESS Sponsored holdings with another broker and would like to transfer them to CMC Markets Stockbroking, please complete this form and return this with a copy of your certified ID for signature verification.

Please email your completed and signed form and a copy of your certified ID to scrip@cmcmarkets.com.au

## Certified documentation

In order for your certification to be accepted, it must be signed and dated (within the last three months) and the certifier is to state that the document is a certified copy of an original. They must provide their name, address, phone number, and in what category of certifier they fall.

For a full list of acceptable certifiers refer to: www.comlaw.gov.au/Details/F2007L01000 (Section 1.2.1)

A copy of one of the following documents will be accepted once certified:

- Driver's licence (front and back) MUST be current
- Australian passport current or expired within the past TWO years
- Overseas passport MUST be current and show the signature page

Section A – Existing Sponsoring Broker Details	
In order to transfer your holdings from your existing broker we require the following information:	
Name of Existing Broker	
HIN with Existing Broker X	
	Proceed to <b>SECTION B</b>
Section B – Holdings to be Transferred	
Select ONE of the below holdings transfer options:	
HIN and All Holdings	
If 'HIN and All Holdings' is selected, your HIN will be transferred from your existing broker as long as you do not have Markets Stockbroking.	e an active HIN with CMC
ASX Code	
Selected Holdings (please list)	
If you transfer selected holdings only, the company whose securities you are transferring will treat you as a new holde re-lodge your current instructions such as DRP or banking details with the share registries.	r. It may be necessary to
Security Name	Quantity

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Proceed to **SECTION C** >

**Broker Services** 

Section C – Curre	nt Account Details			
When completing the following section, please ensure this matches your existing sponsorship details.				
Client Account Numb	er:			
Account Holder 1 (or Company name)				
Account Holder 2 (if applicable)				
Account Designation (if applicable)	<		Account>	
ACN (if Company)				
Residential Address (PO Box not allowed)				
	Suburb/Town	State	Postcode	
Postal Address  Same as above				
same as above	Suburb/Town	State	Postcode	
			Proceed to <b>SECTION D</b> >	
Section D - Client	Agreement			
Date:/ / 20				
			II. (D) . (T	
	Account Holder / Director / Trustee 1	Account Ho	lder / Director / Trustee 2	
Client Signature(s)		_	·	
Name(s) (printed)		_		
<b>Title</b> (if company) e.g. director, officer, secretary		_		

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