



Authority for Someone to Act on your behalf

Account Number (if known):

Holder Identification Number (HIN)

Account Number input boxes

HIN input boxes

Current Account Name:

Current Account Name input line

Account Address:

Account Address input lines

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I / We _____

hereby authorise the Representative below to act on my / our behalf.

Representative / Third Party

Identification Requirement: *Certified ID must be provided for all third parties for your instructions to be executed.*

Title: _____ Given Name(s): _____ Surname: _____

Residential Address: _____

State: _____ Postcode: _____ Relationship: _____ Date of Birth: _____

Email: _____ Business Ph: _____

Private Ph: _____ Mobile: _____

By signing below, I / we acknowledge that:

This authority for someone to act on your behalf permits the person to whom authority has been granted to undertake the following actions:

- 1. To acquire, buy, deal with, dispose of or sell any Securities and Options;
- 2. To make and receive payment for any securities transactions and attendant expenses by any means.

Extra Trade Confirmation Mailing Address

Table with 2 columns: Field Name, Value. Fields: Third Party Name, Mailing Address, Email Address.

Sign Here: **This Section MUST be signed and witnessed for your instructions to be executed.**

(If signing as a sole Director, a witness signature is required. witness to sign in Applicant 2 and record that it is a "witness signature".)

Applicant 1 / Director 1 / Trustee 1

Applicant 2 / Director 2 / Trustee 2

Applicant 3 / Director 3 / Trustee 3

Print Name

Print Name

Print Name

Representative Third Party Signature

Witness Signature

Print Name

Print Name

Dated: / /