

PMCP APPLICATION FORM

PLEASE COMPLETE NEATLY IN BLOCK LETTERS – THANK YOU.

SECTION ONE – ACCOUNT DETAILS

ACCOUNT NAME

RESIDENTIAL / BUSINESS ADDRESS (REQUIRED)

CITY / TOWN _____ POST CODE _____

STATE _____ COUNTRY _____

POSTAL ADDRESS (if different from address listed above)

CITY / TOWN _____ POST CODE _____

STATE _____ COUNTRY _____

TELEPHONE NUMBER (including country code) _____

FAX NUMBER (including country code) _____

EMAIL ADDRESS (this email address will be the main contact email used for this account)

SECTION TWO - ACCOUNT ADMINISTRATION

ABN / ACN _____

If the account is in the name of an Australian business or Superfund, please provide the applicable ABN or ACN

SECTION THREE – ACCOUNT ACCESS

For Accounts with more than one operating authority, please advise if the account should allow individual or joint access. Individual access means that any Operating Authority has the ability to transact on the account, make changes etc. of their own accord. A Joint account requires ALL parties to be present (or provide written instruction) for any account transaction or account changes.

INDIVIDUAL ACCESS

JOINT ACCESS

SECTION FOUR – OPERATING AUTHORITIES

An Operating Authority is the person or persons with complete access and authority to operate this account. In this section, please supply the names and signatures of the individuals that will have this authority. If you are opening the account in your personal name, you must still complete this section. For an Account in the name of any other type of Owner (e.g.: trust, corporation, limited liability company), any authorised signatories should be listed in this section. Please make a copy of this form if you require more than two Operating Authorities.

OPERATING AUTHORITY 1

TITLE (Mr, Mrs, Ms etc.) _____

FIRST NAME _____

MIDDLE NAME _____

SURNAME / FAMILY NAME _____

DATE OF BIRTH (DD/MM/YEAR) _____

PLEASE SIGN AS PER YOUR SIGNATURE ON YOUR IDENTIFICATION DOCUMENTS

I declare that by lodging this Application Form, I represent and acknowledge that I have read and understood the Terms and Conditions of the PERTH MINT DEPOSITORY SERVICES AGREEMENT and agree to be bound by those terms and conditions.

SIGNATURE _____ DATE _____

OPERATING AUTHORITY 2

TITLE (Mr, Mrs, Ms etc.) _____

FIRST NAME _____

MIDDLE NAME _____

SURNAME / FAMILY NAME _____

DATE OF BIRTH (DD/MM/YEAR) _____

PLEASE SIGN AS PER YOUR SIGNATURE ON YOUR IDENTIFICATION DOCUMENTS

I declare that by lodging this Application Form, I represent and acknowledge that I have read and understood the Terms and Conditions of the PERTH MINT DEPOSITORY SERVICES AGREEMENT and agree to be bound by those terms and conditions.

SIGNATURE _____ **DATE** _____



What should the Certifier do?

- Write the following statement on the photocopy:
'This is a true copy of the original documents
sighted by me'
- Sign and print their name
- Provide an address and a contact telephone
number
- State their profession or occupation
- Write on the copy the date certified
- Affix an official stamp or seal if applicable

In addition, if the certifying officer is a Justice of The Peace, the certifying officer must:

- List registration number and state/territory of
registration.
- NOTE: ALL photocopies of documents should be
certified, including company documents.