

# PMCP APPLICATION FORM

PLEASE COMPLETE NEATLY IN BLOCK LETTERS – THANK YOU.

## SECTION ONE – ACCOUNT DETAILS

**ACCOUNT NAME**

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**RESIDENTIAL / BUSINESS ADDRESS (REQUIRED)**

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CITY / TOWN \_\_\_\_\_ POST CODE \_\_\_\_\_

STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

**POSTAL ADDRESS (if different from address listed above)**

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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)

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## 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.

By providing the identification documentation (ID) to us, you confirm that you are authorised to do so, to enable us to verify your identity, and you consent to us disclosing personal information that you have provided to us to a third party for verification using their systems and services to obtain an assessment of whether that personal information matches information held by various government authorities and agencies for the purposes of compliance with Australian Anti-Money Laundering and Counter Terrorism Financing legislation. The third party may give us a report on that assessment and to do so may access and use personal information about you held by various government authorities and use third party systems and services and you consent to such access. Alternative means of verifying you are available on request. If we are unable to verify your identity using information provided by you we will provide you with a notice to this effect and give you the opportunity to verify your identity using an alternative method acceptable to us. We will keep full and proper records of all disclosures, confirmations and consents connected with your personal information.

I have read and accepted and I acknowledge

**SECTION FOUR – OPERATING AUTHORITIES – cont'd**

**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 DOCUMENT**

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 DOCUMENT**

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