

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/ES _____

ABN / ACN _____

If the account is in the name of an Australian Business, Company or Super Fund, please provide the applicable ABN or ACN.

SECTION TWO – ACCOUNT ACCESS

For Accounts with more than one operating authority, please advise if the account should allow Individual or Joint signatory access.

Individual Signatory Access means that ANY Operating Authority has the ability to transact and make changes to the account.

Joint Signatory Access requires at least TWO Operating Authorities to be present (or provide written signed instruction) for any account transaction or account changes.

INDIVIDUAL

JOINT

SECTION THREE – 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 also complete this section. For an Account in the name of any other type of Owner (e.g. trust, corporation, Self-Managed Super Fund), 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 ACKNOWLEDGEMENT

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

OPERATING AUTHORITY 1

TITLE (Mr, Mrs, Ms etc.) _____

FIRST NAME _____

MIDDLE NAME _____

SURNAME / FAMILY NAME _____

DATE OF BIRTH (DD/MM/YYYY) _____

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 _____

SECTION FOUR – OPERATING AUTHORITIES continued

OPERATING AUTHORITY ACKNOWLEDGEMENT

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

OPERATING AUTHORITY 2

TITLE (Mr, Mrs, Ms etc.) _____

FIRST NAME _____

MIDDLE NAME _____

SURNAME / FAMILY NAME _____

DATE OF BIRTH (DD/MM/YYYY) _____

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 _____