



ABN 50 001 430 342
AFS License: 241737

Participant of ASX Group
Participant of SFE

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Request to add Authorised Operator

*This form is required if you wish to give **another person** the authority to trade and provide financial instructions on your account. Identification details of the Authorised Agent supporting their name and signature is also necessary*

Date : ____/____/____

Details of the Trading Account :

Account Name : _____

Trading Account Number : _____

Authorised Agent Contact Details

Title Mr Mrs Miss Other

Given Name/s

Surname

Date of Birth ____/____/____

ID Attached
Passport Driving Licence

Email

Signature of Authorised Agent

Residential Address (mandatory)

State Postcode

Postal Address (if different from Residential Address)

State Postcode

Phone Numbers

Home Work

Fax Mobile

Please send a copy of confirmations to my / our Authorised Agent

Declaration and Signature: I/We give the Authorised Agent whose signature appears as Authorised Agent in this application form the authority to do all things and execute all documents in my/our name and on my/our behalf as permitted under the Morrison Securities Client Terms and Conditions until further notice and in respect of all sub-accounts held in my/our names, including (but not limited to) general trading, internet trading, options, warrants, futures, cash, managed funds and margin lending. I/We acknowledge that this authority does not permit the Authorised Agent to 1. Change the account holder's address 2. Open or close other account in my/our name 3. Arrange payment to themselves. I/We authorise Morrison Securities to act upon any instruction of my/our Authorised Agent under this authority and undertake to ratify whatever my/our Authorised Agent lawfully does under this authority.

Account Holder 1 / Director

Title Mr Mrs Miss Other

Name

Signature

Date : ____/____/____

Account Holder 2 / Director or Secretary

Title Mr Mrs Miss Other

Name

Signature

Date : ____/____/____

Details of Witness (must be someone other than the Account Holder and Authorised Agent)

Name

Address

State Postcode

Signature