



StoneBridge
Group

ACCOUNT APPLICATION FORM
(Excluding Application by Partnerships and Associations)



ACCOUNT APPLICATION FORM

Section 1 – Instructions to Applicants

OPENING AN ACCOUNT

To open an account (**your Account**) you need to complete this StoneBridge Account Application Form and provide proof of identification documents and return them to us.

This StoneBridge Account Application Form (**Application Form**) is not intended for use by partnerships or associations. If you are a partnership or an association and wish to open an account with StoneBridge, please obtain the relevant application form from our website www.stonebridgegroup.com.au, or request a copy of the relevant application form from us.

This Application Form should be read in conjunction with the **eBridge Online Trading Account Terms (Account Terms)**, Product Disclosure Statements and Financial Services Guide (**FSG**) which will apply to your Account and which will also govern the Terms of eBridge Online Trading Facility (collectively referred to as **Facilities**) you may elect to have with StoneBridge Securities Limited (**StoneBridge Securities**) referred to as **StoneBridge**. A copy of the Account Terms can be obtained from our website at www.stonebridgegroup.com.au, or by requesting a copy from us. You should ensure that you have received and read the FSG as it contains important information about the services we provide to you.

Facilities may be selected by initialling the appropriate box in Sections 3.1 and/or 3.2 of this Application Form. In addition to the Account Terms, StoneBridge may, from time to time, issue supplementary terms and conditions relating to one or more Facilities (**Supplementary Facility Terms**) which will govern those Facilities. StoneBridge will notify you of the issue of any Supplementary Facility Terms. You will also be bound by

the terms of your agreement with StoneBridge which is the provider of the Facilities that you might select.

In certain cases, your Account may also be regulated by law or the rules of an exchange.

COMPLETING THIS APPLICATION FORM:

- Complete this Application Form using **BLACK** ink
- Print well within the boxes in **BLOCK** letters
- Mark answer boxes with a **TICK**
- If a section is not applicable, please mark N/A
- If you make a mistake please do not use liquid paper: instead, cross out your mistakes and initial next to your amendments
- Finally, please note that incomplete applications may cause delays in the application being processed.

CORRECT FORM OF REGISTRABLE TITLE

Applications must be in the name(s) of a natural person, a company, a trust or another legal entity acceptable to StoneBridge.

A non-registrable name may be included by way of account designation if completed exactly as described.

APPLICANT TYPE	TRUSTEE TYPE	APPLICANT NAME	CORRECT EXAMPLE	ACCOUNT DESIGNATION
Individual & joint	N/A	Use full given names (do not use initials)	David Adam Jones	None required
Individual & joint (minor)	N/A	Use the name of the responsible adult (do not use the name of the minor under the age of 18)	David Adam Jones	Use minor's name (Mark Jones)
Individual & joint (deceased estate)	N/A	Use the executor(s) personal name(s) (do not use the name of the deceased)	Samuel Jon Jones	Use the name of the deceased (estate of David Jones)
Company	N/A	Use company name	David Jones Pty Ltd	None required
Trust including superannuation fund	Trustee(s) is (are) individuals	Use the name of the individual trustee(s) (do not use the name of the Trust or Fund)	David Adam Jones	Use the name but omit the word Trust or Fund (David Jones Family Account or David Jones Super fund Account)
	Trustee is a company	Use company name	David Jones Pty Ltd	Use the name but omit the word Trust or Fund (David Jones Family Account or David Jones Super fund Account)

ACCOUNT APPLICATION FORM

Section 1 – Know Your Customer Identification Documents

The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (**AML/CTF Act**) was introduced to protect Australian businesses from being used for money laundering and terrorism financing activity. Under the AML/CTF Act and its associated regulations, StoneBridge is required to collect and verify certain information regarding applicants. This information is known as "Know Your Customer", or KYC information, and will differ depending on the type of legal entity that is making the application. In certain circumstances, StoneBridge may be required to make additional enquiries of an applicant before being able to proceed with their application.

The documents that you must provide in support of your application are listed in Section 1 of this Account Application Form entitled "KYC – Client Identification Documents".

StoneBridge may refuse, or cease to process applications at any time if it forms the view that trading on the account would breach the AML/CTF Act or that the money laundering or terrorism financing risk is unacceptable to StoneBridge. If you do not provide StoneBridge with all of the documents required under the AML/CTF Act, StoneBridge will be unable to process your application.

INSTRUCTIONS FOR CERTIFICATION

- A clear photocopy of all the relevant pages and the front and back of the document must be certified.
- The certification must be in English.
- The original certified copy must be submitted (photocopies, scanned or faxed copies of the certified copy will not be accepted).

WHAT IS A CERTIFIED COPY?

A Certified Copy, for the purposes of this application, means a document that has been certified as a true copy of an original document by one of the persons described below.

WHO CAN CERTIFY DOCUMENTS?

The following persons can certify documents in Australia:

- A Lawyer (person enrolled on the roll of the Supreme Court of a State or Territory or High Court of Australia as a legal practitioner)
- A Judge or Magistrate
- A Chief Executive Officer of a Commonwealth court
- A Registrar or Deputy Registrar of a court
- A Justice of the Peace
- A Notary Public
- A Police Officer
- A Managing Agent of Australia Post
- A Permanent Employee of Australia Post (with 2 or more years of continuous service with Australia Post)
- An Australian Consular Officer or an Australian Diplomatic Officer
- An Officer of a financial institution with 2 or more years of continuous service with one or more financial companies
- An Officer with, or an Authorised Representative of, a holder of, an Australian Financial Services Licence (AFSL) having 2 or more continuous years of service with one or more licensees; and
- An Accountant, being either a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

The following persons can certify documents overseas:

- An Australian Consular Officer or an Australian Diplomatic Officer
- A Notary Public; and
- Commissioner of Oaths.

WORDING FOR CERTIFYING SINGLE PAGE DOCUMENTS

"I certify that this is a true and correct copy of the original document sighted on ___/___/___"

WORDING FOR CERTIFYING MULTIPLE PAGE DOCUMENTS

"I certify that this is a true and correct copy of the original ___ page document sighted on ___/___/___"

Beneath the certification wording, the certifier must sign and record their name and registration number (if applicable), including the capacity in which the certifier is authorised to sign. For example, if a Justice of the Peace is certifying, the JP number must be recorded.

ACCOUNT APPLICATION FORM

Section 1 – Know Your Customer Identification Documents

KNOW YOUR CUSTOMER IDENTIFICATION DOCUMENTS

Depending on the legal entity making the application (your applicant type), we have outlined below the documents to be provided and assessed as part of your Application. In each case, a correctly worded and dated, original Certified Copy of the relevant document(s) must be provided.

1. INDIVIDUALS & JOINT APPLICANTS

Method 1:		Acceptable Primary ID Document
App 1	App 2	
<input type="checkbox"/>	<input type="checkbox"/>	Original Certified Copy of current driver's licence or permit containing a photograph and current residential address of each applicant

OR

Method 2:		One Acceptable Primary ID Document plus one Acceptable Secondary ID Document.
App 1	App 2	Acceptable Primary ID Document: select ONE valid option from this section
<input type="checkbox"/>	<input type="checkbox"/>	Original Certified Copy of Australian citizenship certificate
<input type="checkbox"/>	<input type="checkbox"/>	Original Certified Copy of Pension card issued by Centrelink
<input type="checkbox"/>	<input type="checkbox"/>	Original Certified Copy of Australian passport (a passport that has expired within the preceding 2 years is acceptable)
<input type="checkbox"/>	<input type="checkbox"/>	Original Certified Copy of National Identity Card containing a photograph and the signature of the applicant*
<input type="checkbox"/>	<input type="checkbox"/>	Original Certified Copy of Foreign passport or similar travel document containing a photograph and the signature of the applicant*
<input type="checkbox"/>	<input type="checkbox"/>	Original Certified Copy of Proof of Identity card containing a photograph of the applicant
App 1	App 2	Acceptable Secondary ID Document: select ONE valid option from this section
<input type="checkbox"/>	<input type="checkbox"/>	Original Certified Copy of Australian birth certificate
<input type="checkbox"/>	<input type="checkbox"/>	Original Certified Copy of Foreign citizenship certificate*
<input type="checkbox"/>	<input type="checkbox"/>	Original Certified Copy of a notice issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the applicant and which contains the applicant's name and residential address
<input type="checkbox"/>	<input type="checkbox"/>	Original Certified Copy of a notice issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the applicant to the Commonwealth (or by the Commonwealth to the applicant), which contains the applicant's name and residential address
<input type="checkbox"/>	<input type="checkbox"/>	Original Certified Copy of a notice issued by a local government body or utilities provider within the preceding 3 months which records the provision of services by that local government body or utilities provider which contains the applicant's name and residential address
<input type="checkbox"/>	<input type="checkbox"/>	If under the age of 18, Original Certified Copy of a notice that was issued to the applicant by a school principal within the preceding 3 months which contains the applicant's name and residential address and records the period of time that the individual attended school

*Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

2. COMPANY APPLICANT (acting on its own behalf and as corporate trustee)

		Acceptable ID Documents submitted (both documents from this section must be submitted)
<input type="checkbox"/>		Original Certified Copy of certificate of registration issued by ASIC, or the equivalent, by the relevant foreign registration body
Dir 1	Dir 2	
<input type="checkbox"/>	<input type="checkbox"/>	For each Director, the ID documents required as for an Individual (see above)

3. TRUST APPLICANT

		Acceptable ID Documents submitted
<input type="checkbox"/>		Original completed Solicitor's Certificate detailed in Section 9 verifying the name and existence of the Trust
<input type="checkbox"/>		Original Certified Copy of the Trust Deed (and any Deed(s) of Amendment)

ACCOUNT APPLICATION FORM

Section 1 – Know Your Customer Identification Documents

CHECKLIST

You should complete the checklist below to ensure you have completed all relevant sections of this Account Application Form to open your Account with StoneBridge:

<input type="checkbox"/>	A correctly worded and dated, Certified Copy of all identification documentation specified in the Know Your Customer Identification Documents Section 1 of this Account Application Form
<input type="checkbox"/>	One applicant initialled the relevant boxes relating to the Facilities in Section 3.1 and/or Section 3.2 of this Application Form
<input type="checkbox"/>	All Applicants have received, read and understood all applicable Product Disclosure Statements , and Account Terms corresponding to the Facilities that you have elected in Section 3.1 and/or Section 3.2 of this Account Application Form
<input type="checkbox"/>	Completed and signed the Authorised Person Form in Section 4, certified copy of ID is required (if an authorised person is appointed)
<input type="checkbox"/>	All Directors completed, signed in the presence of a witness and correctly dated the Deed of Guarantee and Indemnity in Section 6 of this Account Application Form (if the applicant is a corporation acting on its own behalf or as trustee)
<input type="checkbox"/>	Supplied the Solicitor's Certificate in Section 7 of this Account Application Form (if Applicant is acting in a Trustee capacity)
<input type="checkbox"/>	Completed, signed and dated the sections in this Account Application Form that apply to your Applicant type (refer to the table below)

Applicant type	Trustee type	Compulsory sections you need to complete	Optional sections which may not apply	Compulsory sections you need to sign
Individual & joint	N/A	2.1, 3.1 and/or 3.2 5.2, 5.8	4, 5.1, 5.3, 5.4	5.7
Company	N/A	2.2 (or) 2.3, 3.1 and/or 3.2 and/or 3.3, 5.2, 5.5, 5.8, 6	4, 5.1, 5.3, 5.4	5.7, 6
Trust or superannuation fund	Trustee(s) is (are) individual(s)	2.1, 2.4, 3.1 and/or 3.2, 5.2, 5.5, 5.8, 7	4, 5.1, 5.3, 5.4	5.7
	Trustee is a company	2.2 or 2.3, 2.4, 3.1 and/ or 3.2, 5.2, 5.5, 5.8, 6, 7	4, 5.1, 5.3, 5.4	5.7, 6

If you need assistance to complete this Account Application Form, please contact Spectrum Live accounts department

Email: accounts@spectrumlive.com
 Phone: 1300 663 801 (Australia)
 Phone: +61(2) 9264 2659
 Ask to speak to the Accounts Department

The original Account Application Form and supporting documentation must be mailed to:
 Accounts Department
 Spectrum Live Pty Ltd
 PO Box 1461
 Queen Victoria Building
 Sydney, NSW 1230

ACCOUNT APPLICATION FORM

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ACCOUNT APPLICATION FORM

Section 2 – Applicant Details: Individuals / Joint Applicants

2.1 INDIVIDUAL/JOINT APPLICANTS OR INDIVIDUAL TRUSTEES

Write the full name(s) of each Applicant that you want to appear on your account. It is extremely important that the names that appear in this section are exactly the same names which you want to appear on all your statements. Please refer to the Correct Form of Registrable Title table in Section 1 of this Account Application Form.

APPLICANT 1

Title (if applicable) Mr Mrs Ms Miss Dr

First Name, Middle Name

Surname

Date of Birth (DD / MM / YY)

Australian Tax File Number*

Exempt (please specify)

If you have not given an Australian Tax File Number, are you an Australian resident for taxation purposes?

Yes No

Driver's Licence Number/Passport Number

Occupation

Employer

Residential Address (PO Box is NOT acceptable)

State Postcode Country

Home Phone No.

Work Phone No.

Mobile Phone No.

Fax No.

APPLICANT 2

Title (if applicable) Mr Mrs Ms Miss Dr

First Name, Middle Name

Surname

Date of Birth (DD / MM / YY)

Australian Tax File Number*

Exempt (please specify)

If you have not given an Australian Tax File Number, are you an Australian resident for taxation purposes?

Yes No

Driver's Licence Number/Passport Number

Occupation

Employer

Residential Address (PO Box is NOT acceptable)

State Postcode Country

Home Phone No.

Work Phone No.

Mobile Phone No.

Fax No.

*It is not compulsory to supply a Tax File Number but failure to do so may require StoneBridge to withhold payments from you and remit them to the Australian Taxation Office. If exempt, please include details in space provided.

ACCOUNT APPLICATION FORM

Section 2 – Applicant Details: Australian Company Applicants

2.2 DOMESTIC COMPANY OR DOMESTIC COMPANY TRUSTEES

Write the full name of the Company that you want to appear on your account. It is extremely important that the name which appears in this section is exactly the same name that you want to appear on all your statements. Please refer to the Correct Form of Registrable Title table in Section 1 of this Account Application Form.

Corporate applicants are required to have all Directors enter into a Deed of Guarantee and Indemnity; this includes corporate applicants in their capacity as Trustee of a Trust. All Directors must read, understand and execute the Deed of Guarantee and Indemnity in Section 6 of this Account Application Form.

Company Name:

ACN (compulsory)

ABN

If no ACN/ABN is provided, please provide your registration body name

Australian Tax File Number*

Exempt (please specify)

Registered Office Address (PO Box is NOT acceptable)

State Postcode Country

Home Phone No. Work Phone No.

Principal Place of Business Address (PO Box is NOT acceptable)

State Postcode Country

Home Phone No. Work Phone No.

REGULATORY/LISTING DETAILS

Please select one or more of the following (if applicable):

Regulated company (licensed by an Australian Commonwealth, State or Territory statutory regulator eg. APRA or ASIC)

Regulator name

Licence details

Australian listed company

Name of market/exchange

Majority-owned subsidiary of an Australian listed company

Australian listed company name

Name of market/exchange

Company Type (please select only one of the following)

Public Proprietary

Is this a Sole Director Company? Yes No

ALL Directors must provide their personal information, EXCEPT for Registered/Listed companies or Public companies. This section provides for two Directors' details. If there are more, please make additional copies of this page and complete as required.

DIRECTOR 1

Director Title Mr Mrs Ms Miss Dr

First Name, Middle Name

Surname

Date of Birth (DD / MM / YY)

 / /

Driver's Licence Number/Passport Number

Residential Address (PO Box is NOT acceptable)

State Postcode Country

Mobile Phone No. Fax No.

DIRECTOR 2

Director Title Mr Mrs Ms Miss Dr

First Name, Middle Name

Surname

Date of Birth (DD / MM / YY)

 / /

Driver's Licence Number/Passport Number

Residential Address (PO Box is NOT acceptable)

State Postcode Country

Mobile Phone No. Fax No.

*It is not compulsory to supply a TFN or ABN but failure to do so may require StoneBridge to withhold payments from you and remit them to the Australian Taxation Office. If exempt, please include details.

ACCOUNT APPLICATION FORM

Section 2 – Applicant Details: Foreign Company Applicants

2.3 FOREIGN COMPANY OR FOREIGN COMPANY TRUSTEES

Write the full name of the Company that you want to appear on your account. It is extremely important that the name which appears in this section is exactly the same name that you want to appear on all your statements. Please refer to the Correct Form of Registrable Title table in Section 1 of this Account Application Form.

Company Name (as registered with ASIC or foreign regulatory body)

Is the Foreign company registered with ASIC?

Yes Please provide the information requested

ARBN

Provide EITHER Principal place of business address in Australia OR Local agent name and address details (tick one box)

Address (PO Box is NOT acceptable)

State Postcode Country

Mobile Phone No. Fax No.

Registered Address in Australia (PO Box is NOT acceptable)

State Postcode Country

Mobile Phone No. Fax No.

Name of local agent in Australia (if applicable)

Is the Foreign Company registered with ASIC?

No Please select one of the following and complete, as appropriate.

Yes Company is registered by a foreign registration body

Provide the name of the relevant foreign registration body.

Provide the identification number issued to the Company upon formation, incorporation or registration.

Provide the full address of the Company in its country of incorporation/formation as registered by the relevant foreign registration body. (PO Box is NOT acceptable)

State Postcode Country

Mobile Phone No. Fax No.

Or

Company is NOT registered by a foreign registration body

Provide the full address of the principal place of business in the country of formation or incorporation (PO Box is not acceptable)

State Postcode Country

Mobile Phone No. Fax No.

Company Type (please select only one of the following)

Public Private / Proprietary

Other (please specify)

ACCOUNT APPLICATION FORM

Section 2 – Applicant Details: Foreign Company Applicants

2.3 FOREIGN COMPANY OR FOREIGN COMPANY TRUSTEES

ALL Directors must provide their personal information, EXCEPT for Public companies.

This section provides for two Directors. If there are more than two, please make additional copies of this page and complete as required.

DIRECTOR 1

Director Title Mr Mrs Ms Miss Dr

First Name, Middle Name

Surname

Date of Birth (DD / MM / YY)

 / /

Driver's Licence Number/Passport Number

Residential Address (PO Box is NOT acceptable)

State

Postcode

Country

Mobile Phone No.

Fax No.

DIRECTOR 2

Director Title Mr Mrs Ms Miss Dr

First Name, Middle Name

Surname

Date of Birth (DD / MM / YY)

 / /

Driver's Licence Number/Passport Number

Residential Address (PO Box is NOT acceptable)

State

Postcode

Country

Mobile Phone No.

Fax No.

ACCOUNT APPLICATION FORM

Section 2 – Applicant Details: Trust Applicants

2.4 TRUST DETAILS

Full Name of Trust

Full Business or Company Name (if any) of Trustee in respect of the Trust

Date of Trust Deed

Date of Amendments (if any)

Trust ABN

Trust Tax File Number

TRUSTEE APPLICANT DETAILS

Are any of the Trustees one of the following? (Please select from below)

Individual(s) complete Section 2.1 of this Account Application Form. ALL Trustees must provide their details. Section 2.1 provides for two individuals. If there are more, please make additional copies of the page and complete as required.

Domestic Company complete Section 2.2 of this Account Application Form.

Foreign Company complete Section 2.3 of this Account Application Form.

Type of Trust (please select one of the following four options and provide the information requested)

Registered Managed Investment Scheme
Provide Australian Registered Scheme Number

OR

Regulated Trust (eg. Self Managed Superannuation Fund)
Provide name of the Regulator (eg. ASIC, APRA, ATO)

Provide the Trust's ABN or registration/licensing details

OR

Government Superannuation Fund
Provide name of the Legislation establishing the Fund

OR

Other Trust Type

Provide trust description (eg. family, unit, charitable, estate)

Beneficiary Details (only complete if "Other Trust Type" has been selected)

Do NOT complete if the Trust is a registered managed investment scheme, regulated trust (eg. SMSF) or government superannuation fund.

Do the terms of the Trust Deed identify the beneficiaries by reference to membership of a class?

Yes Provide details of the membership class/classes (eg. unit holders, family members of named person, charitable purpose)

No Provide the full names of each beneficiary below

BENEFICIARY 1

Director Title Mr Mrs Ms Miss Dr

First Name, Middle Name

Surname

BENEFICIARY 2

Director Title Mr Mrs Ms Miss Dr

First Name, Middle Name

Surname

BENEFICIARY 3

Director Title Mr Mrs Ms Miss Dr

First Name, Middle Name

Surname

Note: If there are more than three Beneficiaries, please make additional copies of this page and complete as required.

ACCOUNT APPLICATION FORM

Section 3 – Facility Selection Form: Spectrum Live

3.1 EBRIDGE ONLINE TRADING FACILITIES (SPECTRUM LIVE)

One Applicant executing this Account Application Form must initial the relevant box in order to select the various Facilities.

Account Name (individual name, joint names or Company name)

By selecting any of the following, I/we acknowledge that I/we have received, read and understand the eBridge Online Trading Account Terms and will be bound by them on acceptance of this application.

EQUITIES (ASX AND INTERNATIONAL LISTED)

INITIAL
HERE

I/We select the Contracts for Difference Facility with StoneBridge Securities Limited as the provider of the Facility, and acknowledge that by this election and by signing this Account Application Form:

- I. Equities (ASX and International) traded through Spectrum Live are Contracts for Differences.
- II. I/We have received, read and understood the Contracts for Difference Product Disclosure Statement.

FOREIGN EXCHANGE AND PRECIOUS METALS

INITIAL
HERE

I/We select the Foreign Exchange and Commodities Facility with StoneBridge Securities Limited as the provider of the facility, and acknowledge that by this selection and by signing this Account Application Form:

- I. I/We have received, read and understood the Foreign Exchange and Commodities Product Disclosure Statement.

CONTRACTS FOR DIFFERENCE

INITIAL
HERE

I/We select the Contracts for Difference Facility with StoneBridge Securities Limited as the provider of the Facility, and acknowledge that by this selection and by signing this Account Application Form:

- I. I/We have received, read and understood the Contracts for Difference Product Disclosure Statement.

FUTURES CFDs (COMMODITIES)

INITIAL
HERE

I/We select the Futures CFD Facility with StoneBridge Securities Limited as the provider of the Facility, and acknowledge that by this selection and by signing this Account Application Form:

- I. I/We have received, read and understood the Futures CFD Product Disclosure Statement.

FUTURES (SFE, ASX AND INTERNATIONAL LISTED)

INITIAL
HERE

I/We select the Futures Facility with StoneBridge Securities Limited as the provider of the Facility, and acknowledge that by this selection and by signing this Account Application Form:

- I. Futures trades on the SFE, ASX and other exchanges through Spectrum Live are Contracts for Differences.
- II. I/We have received, read and understood the Futures CFD Product Disclosure Statement.

ACCOUNT APPLICATION FORM

Section 3 – Facility Selection Form: Spectrum Options Trader

3.2 EBRIDGE ONLINE TRADING FACILITIES (SPECTRUM LIVE OPTIONS TRADER)

One Applicant executing this Account Application Form must initial the relevant box in order to select the various Facilities.

Account Name (individual name, joint names or Company name)

By selecting any of the following, I/we acknowledge that I/we have received, read and understand the eBridge Online Trading Account Terms and will be bound by them on acceptance of this application.

EQUITIES (ASX AND INTERNATIONAL LISTED)

INITIAL
HERE

I/We select the Equity Facility with StoneBridge Securities Limited as the provider of the Facility.

EXCHANGE TRADED OPTIONS

(ASX AND INTERNATIONAL STOCKS AND STOCK INDICIES)

INITIAL
HERE

I/We select the Exchange Traded Options Facility with StoneBridge Securities Limited as the provider of the facility, and acknowledge that by this selection and by signing this Account Application Form:

- I. I/We have received, read and understood the Futures and Derivatives Product Disclosure Statement.
- II. I/We have received, read and understood the explanatory booklet published by the ASX entitled "Understanding Options Trading".

FOREIGN EXCHANGE

INITIAL
HERE

I/We select the Foreign Exchange Facility with StoneBridge Securities Limited as the provider of the facility, and acknowledge that by this selection and by signing this Account Application Form:

- I. I/We have received, read and understood the Foreign Exchange and Commodities Product Disclosure Statement.

EXCHANGE TRADED CONTRACTS FOR DIFFERENCE (ASX LISTED)

INITIAL
HERE

I/We select the Exchange Traded Contracts for Difference Facility with StoneBridge Securities Limited as the provider of the facility, and acknowledge that by this selection and by signing this Account Application Form:

- I. I/We have received, read and understood the explanatory booklet published by the ASX entitled "Understanding ASX CFDs".

FUTURES (SFE, ASX AND INTERNATIONAL LISTED)

INITIAL
HERE

I/We select the Futures Facility with StoneBridge Securities Limited as the provider of the Facility, and acknowledge that by this selection and by signing this Account Application Form:

- I. I/We have received, read and understood the Futures and Derivatives Product Disclosure Statement.

ACCOUNT APPLICATION FORM

Section 4 – Appointment of Authorised Person

To be completed if the Applicant/s wish to appoint an Authorised Person to act on their behalf with respect to the Account and the Facilities.

AUTHORISED PERSON DETAILS

Director Title Mr Mrs Ms Miss Dr

First Name, Middle Name

Surname

Date of Birth (DD / MM / YY)

Driver's Licence Number/Passport Number

Residential Address (PO Box is NOT acceptable)

State

Postcode

Country

Relationship to Account Holder

Australian Financial Services Licence Number (if applicable):

Home Phone No.

Work Phone No.

Mobile Phone No.

Fax No.

Email Address

Signature of Authorised Person

SIGN HERE

Note: Original Certified copies of Know Your Customer Identification Documents must be provided for the Authorised Person as per the requirements outlined in Section 1 for an individual.

Each applicant agrees that, by signing this Account Application Form, I confirm that:

1. The Authorised Person is authorised by me/us to act on my/our Account as though the Authorised Person is the Account Holder.
2. The person identified above is authorised by me/us to give instruction for:
 - i) Dealing (placing, amending and cancelling orders).
 - ii) Movement of cash/holdings to same beneficial owner accounts within StoneBridge Group (excludes third party payments, internally or externally).
3. StoneBridge Securities and their respective successors and assigns may rely on this authorisation for the Authorised Person to fully bind me/us in respect of my/our account, as though the Authorised Person is the Account Holder, including with respect to recording conversations with them

and sending to them information and notices. I/We will ratify whatever the Authorised Person does under this authority.

4. This Authorisation and StoneBridge's reliance on it will not breach any law or regulation.
5. I/We are fully liable for all actions and omissions taken by the person identified above in respect of my/our account.

ACCOUNT APPLICATION FORM

Section 5 – Acknowledgements and Execution

5.1 ACCOUNT DESIGNATION

If your account is held beneficially on behalf of another entity (eg. superannuation fund or family trust) please refer to the Correct Form of Registrable Title table detailed in Section 1 of this Account Application Form.

Designation (eg. <David Jones Super Fund A/C>)

5.2 NOMINATED BANK ACCOUNT

A Nominated Bank Account must be linked to your StoneBridge Account.

The bank account details must be in the name of the Applicant/s or Company name detailed in this Account Application Form.

Please note the following, for withdrawals to your nominated bank account

Payment(s) will only be made out of StoneBridge Accounts to your nominated bank account on receipt of your **written instruction**. Alternatively you may send a third party withdrawal form, copy of which can be obtained from your advisor.

Name of Bank

Branch

Account Name

BSB Number

Account Number

5.3 PRIVACY ACT CONSENT

By signing Section 5.7, I/we hereby declare that I/we agree that StoneBridge may collect, retain, store, use and disclose information about me/us and, if applicable, my/our directors, officers, agents, beneficiaries and authorised representatives for the purposes of operating my/our account, implementing transactions permitted to be made for it, complying with legal obligations or as I/we authorise from time to time. I/We agree that this information may be disclosed to associates of StoneBridge or to service providers for my/our account, and may be used by any of them only for the purposes of this account.

I/We acknowledge that I can access personal information about me which is held by StoneBridge by contacting StoneBridge.

Please tick if you do NOT want to receive any investment information from StoneBridge about its other financial products and services. For a copy of StoneBridge's privacy policy, please see our website at www.stonebridgegroup.com.au or contact us.

5.4 INVESTMENT INFORMATION

Note: If you have ticked the box in Section 5.3 and elected not to receive investment information, you should not complete this Section 5.4.

By ticking the box, I/We hereby declare that StoneBridge Securities Limited and its representatives and other members of StoneBridge Securities Limited may at any time offer to me/us, for issue or sale, securities and/or investment schemes.

5.5 CORRESPONDENCE DETAILS

Enter one correspondence address for all correspondence. Correspondence for Joint Applicants will only be sent to the address specified in this Section.

I/We authorise StoneBridge to send StoneBridge confirmations, statements and other communications electronically only.

Email Address (All electronic communications will be sent here)

Electronic communication ensures timely delivery of your StoneBridge confirmations and statements. If no email address is provided, then correspondence will be sent to the postal address provided below.

Postal Address (All non electronic statements, confirmations and other communications will be sent here, PO Box acceptable)

State

Postcode

Country

ACCOUNT APPLICATION FORM

Section 5 – Acknowledgements and Execution

5.6 ACKNOWLEDGEMENTS

I/We hereby declare that:

1. I/We confirm that I/we have received, read and understood the Account Terms and any Supplementary Facility Terms for the Facilities I/we have applied for.
2. I/We acknowledge and accept that for Corporate Applicants all the Directors to have executed the **Deed of Guarantee and Indemnity** accompanying this Account Application Form in Section 6.
3. I/We acknowledge and accept that the confirmations dispatched electronically are subject to:
 - i. the rules, customs and usage of the Exchange;
 - ii. if the sale or purchase is in relation to CHES approved securities, the ASX Rules; and
 - iii. the correction of errors and omissions.
4. I/We agree and acknowledge that StoneBridge does not need to give me/us a Statement of Advice in respect of further market-related advice or advice of that kind given by telephone in respect of financial products able to be traded on a licensed market or as otherwise permitted by law from time to time.
5. I/We have received, read and understood all of the Product Disclosure Statements and the current explanatory booklet published by ASX in respect of each financial product or financial service. I/we have chosen and accept the risks of trading under these Facilities.
6. By signing this Account Application Form, a Facility with various trading accounts for me/us will be established on the Terms applying to this Account Application Form.
7. A person who signs an electronic copy of an Account Application Form acknowledges that the person either downloaded or received personally and read the entire contents of the Account Terms and any other Product Disclosure Statements StoneBridge is required to provide.

5.7 EXECUTION OF ACCOUNT APPLICATION FORM

Corporate applicants should execute either under company seal or by at least a current director and a director/secretary or, if a sole director, by that person.

Execution by any other authorisation may require further documentation by StoneBridge (eg. if signed under Power of Attorney).

Date of Execution (DD / MM / YY)

/ /

APPLICANT 1

Given Name (First Name, Middle Name)

Surname

Signature

SIGN HERE

APPLICANT 2

Given Name (First Name, Middle Name)

Surname

Signature

SIGN HERE

5.8 WHERE DID YOU HEAR ABOUT THE SPECTRUM LIVE TRADER?

To ensure your application is processed accurately please record the CODE NO for your approved referrer, so that we can make note of who introduced you to Spectrum Live.

Approved Referrer CODE NO:

If you are not sure of your Approved Referrers CODE NO, please go to <http://www.spectrumlive.com/refer.htm> for a list.

ACCOUNT APPLICATION FORM

Section 6 – Deed of Guarantee and Indemnity

To be completed where the Applicant is a Company (acting on its own behalf as trustee).

All Directors of the Company Applicant must sign this Deed of Guarantee and Indemnity as a Guarantor (each a Guarantor). If there are more than two Directors, please make additional copies of this page and complete as required.

This Deed of Guarantee and Indemnity is made by each Guarantor on the date first set out in the execution clause for that Guarantor in favour of:

StoneBridge Securities Limited ABN 92 067 161 755 (and its successors and assigns)

Signed, sealed and delivered as a deed poll by:

DIRECTOR 1

First Name, Middle Name

Surname

Total Assets \$AUD

 . .

Total Liabilities \$AUD

 . .

Signature of Guarantor

SIGN HERE

IN THE PRESENCE OF AN INDEPENDENT WITNESS

First Name, Middle Name

Surname

Signature of Witness

SIGN HERE

Date of Execution (DD / MM / YY)

 / /

The conditions governing this Deed of Guarantee and Indemnity are set out in the Account Terms. Those terms are incorporated into this Deed of Guarantee and Indemnity as though set out in full.

Signed, sealed and delivered as a deed poll by:

DIRECTOR 2

First Name, Middle Name

Surname

Total Assets \$AUD

 . .

Total Liabilities \$AUD

 . .

Signature of Guarantor

SIGN HERE

IN THE PRESENCE OF AN INDEPENDENT WITNESS

First Name, Middle Name

Surname

Signature of Witness

SIGN HERE

Date of Execution (DD / MM / YY)

 / /

ACCOUNT APPLICATION FORM

Section 7 – Solicitor’s Certificate

To be completed if the Exchange Traded Option Facility is selected at Section 3.1 of this Account Application Form.

StoneBridge Account Number this Authorisation covers (if known)

1. We/I,

(insert name of Registered Holder) (“the Registered Holder”)

Holder Identification Number (insert HIN)

authorise my Controlling Participant, to reserve (or withdraw) Financial Products (the “Collateral”) registered in the name of the Registered Holder in the Australian Clearing House Pty Ltd, ABN 48 001 314 503 (“ACH”) Sub-position as Collateral Cover for obligations in respect of Options Market Contracts registered in the Client Accounts nominated above with StoneBridge Securities Limited.

2. The Registered Holder acknowledges that ACH may, in its absolute discretion, decline to accept in relation to all or any particular Client Account nominated above for the purposes of accepting paperless lodgements.
3. The Registered Holder acknowledges that on behalf of the Registered Holder, the Controlling Participant will reserve (or withdraw) Collateral in the ACH Sub-position by sending the appropriate Collateral lodgement message so that the Collateral lodged comes under the control of ACH, or Collateral withdrawn leaves the control of ACH, in accordance with the ACH Clearing Rules and Procedures (as amended from time to time).
4. In registering Collateral in the ACH Sub-position, the Registered Holder acknowledges that the Collateral will be subject to a fixed charge (the “Charge”) in favour of ACH from the time they are reserved to the ACH Sub-position in the manner referred to above, and will remain subject to the Charge until ACH permits it to be withdrawn from the ACH Sub-position.
5. The Registered Holder acknowledges that the Charge secures all amounts and obligations owing by the ACH Participant to ACH in connection with the Client Accounts nominated above opened by the ACH Participant in accordance with the ACH Clearing Rules and Procedures (as amended from time to time).
6. The Registered Holder acknowledges that the Registered Holder has read and understood the ACH Clearing Rules and the ASTC Settlement Rules, in so far as those rules relate to the Collateral and the Charge, including:
 - (a) ACH’s power to deal with the Collateral on default by the ACH Participant in respect of the Client Accounts nominated above; and
 - (b) in particular, ACH’s power of sale in relation to the Collateral without any notice to the Registered Holder.
7. The Registered Holder warrants that unless ACH otherwise agrees in writing, the Collateral is not and may not be subject to any other security interest, other than a security interest provided to a margin lender under a deed of priority, entered into between ACH and the margin lender, which provides that ACH’s Charge has priority over the margin lender’s security interest (“the Deed of

Priority”) or a security interest as permitted under the ACH Clearing Rules or the ASTC Settlement Rules.

8. If the Registered Holder’s Controlling Participant is a margin lender the Registered Holder warrants that they have signed an acknowledgement regarding the Deed of Priority as set out in Schedule 2 or Schedule 3, as applicable, to the Deed of Priority.
9. If the ACH Participant is unable to insert the Account Numbers and/or HIN at the time the Register Holder signs this form the Registered Holder irrevocably authorises the ACH Participant to insert the Account Numbers and/or HIN on this agreement and agrees the ACH Participant will insert the Account Numbers and/or HIN on the Registered Holder’s behalf, prior to lodging this Authorisation with ACH. The ACH Participant agrees that it will notify the Registered Holder of the Account Numbers and/or HIN in writing as soon as reasonably possible.
10. Defined terms have the same meaning as defined in the ACH Clearing Rules and Procedures (as amended from time to time).

Date of Execution (DD / MM / YY)

 / /

REGISTERED HOLDER/DIRECTOR 1

First Name, Middle Name

Surname

Signature

SIGN HERE

REGISTERED HOLDER/DIRECTOR 2

First Name, Middle Name

Surname

Signature

SIGN HERE

IN THE PRESENCE OF AN INDEPENDENT WITNESS

First Name, Middle Name

Surname

Witness Signature

SIGN HERE

* If a Company, must be signed in accordance with the Corporations Act, or if signed under Power of Attorney, a copy of the Power of Attorney must also be attached to this Authorisation.

ACCOUNT APPLICATION FORM

Office Use Only

To be completed if you wish to have margin calls, fees and settlements to be debited/credited directly from/to your Account.

This will only apply to the StoneBridge Trading Accounts established under your **StoneBridge Equities Facility** selected in Section 3.1. This option is only available for accounts held with banks, building societies and credit unions within Australia which are in the same account name as this application under the Direct Account Service Agreement Terms.

Equities Settlement Options

- Direct Debit and Credit (Please complete your bank details and sign this authority)
- Cash Management Trust (Your advisor will forward you the appropriate documentation)
- Cheque (sales only)

If none of the above settlement preferences are selected, proceeds from sale(s) will be held on your account pending receipt of written instructions to pay out to your nominated bank account (Section 5.2)

StoneBridge Account Name (Individual name, joint names or company name)

"ACCOUNT HOLDER"

Request and authorise StoneBridge Securities Limited ABN 92 067 161 755 (StoneBridge) Debit User ID 216 813 to arrange for any amount StoneBridge may debit or charge me/us to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Account Service Agreement.

Insert Details of Account

Financial Institution name

Address of Financial Institution

Account Name

BSB Number

Account Number

- Yes, I/we agree to the Direct Account Service Agreement Terms on the terms accompanying this Form.**

ACKNOWLEDGMENT

By signing this Direct Account Authority I/we acknowledge:

- I. having read and understood the Terms governing the debit and credit arrangements between you and StoneBridge as set out in this Request and in the Direct Account Service Agreement;
- II. that StoneBridge may debit money from my/our account for the purpose of any payment required under this StoneBridge Account, including (but not limited to) debit on the transaction date prior to and for settlement of equities, derivatives products, paying fees, charges or margin calls; and
- III. that StoneBridge will debit/credit money to my/our Account for the purpose of any settlements permitted under this StoneBridge Account.

Date of Execution (DD / MM / YY)

 / /

ACCOUNT HOLDER 1 / DIRECTOR

First Name, Middle Name

Surname

Signature

SIGN HERE

ACCOUNT HOLDER 2 / DIRECTOR / SECRETARY

First Name, Middle Name

Surname

Signature

SIGN HERE

STONEBRIDGE OFFICE DIRECTORY

AUSTRALIA

ADELAIDE

Suite 5, 148 Greenhill Road
Parkside
ADELAIDE SA 5063

Securities

Tel (Int) +61 8 8291 1111
Tel (Aus) 1300 734 400

Futures

Tel (Int) +61 8 8291 1222
Tel (Aus) 1300 734 411
Fax (Int) +61 8 8172 0972

BRISBANE

Level 26, Waterfront Place
1 Eagle Street
BRISBANE QLD 4000

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Tel (Int) +61 7 3032 2444
Tel (Aus) 1300 792 633

Futures

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Tel (Aus) 1300 782 533
Fax (Int) +61 7 3229 4884

GOLD COAST

Level 11, 50 Cavill Avenue
SURFERS PARADISE QLD 4217

Securities

Tel (Int) +61 7 5504 2111
Tel (Aus) 1300 736 600

Futures

Tel (Int) +61 7 5504 2222
Tel (Aus) 1300 736 611
Fax (Int) +61 7 5527 5658

MELBOURNE

Level 13, 8 Exhibition Street
MELBOURNE VIC 3000

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Tel (Int) +61 3 8660 7222
Tel (Aus) 1300 733 300

Futures

Tel (Int) +61 3 8660 7333
Tel (Aus) 1300 733 311
Fax (Int) +61 3 9663 1415

SYDNEY

Level 27, Governor Phillip Tower
1 Farrer Place
SYDNEY NSW 2000

Securities

Tel (Int) +61 2 8336 7300
Tel (Aus) 1300 732 200

Futures

Tel (Int) +61 2 8336 7400
Tel (Aus) 1300 732 345
Fax (Int) +2 8336 7600
Fax (Int) +61 2 8336 7333
Tel (Aus) 1300 732 288

Online

Tel (Int) +61 2 8336 7707
Tel (Aus) 1300 133 104

PERTH

Level 6, 105 St. Georges Terrace
PERTH WA 6000

Securities

Tel (Int) +61 8 6436 3111
Tel (Aus) 1300 735 500

Futures

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Tel (Aus) 1300 735 511
Fax (Int) +61 8 9322 7955

NEW ZEALAND

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AUCKLAND

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Fax (Int) +64 9 308 0789

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111 The Terrace
WELLINGTON

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Tel (NZ) 0800 874 266
Fax (Int) +64 4 471 7607

CHINA

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StoneBridge Group Limited ACN 098 273 824
StoneBridge Securities Limited ACN 067 161 755 AFSL 238148 Participant of the ASX
StoneBridge Futures Pty Limited ACN 001 225 116 AFSL 238156 Full participant of the SFE
GlenBridge Asset Management Pty Ltd ACN 103 162 278 AFSL 226199
StoneBridge Custodians Pty Limited ACN 092 452 161 StoneBridge Nominees Pty Ltd ACN 060 709 926
StoneBridge Securities (NZ) Limited 1835790 StoneBridge Securities (HK) Limited