

Admiral Markets Australia Level 4, 95 Pitt Street Sydney NSW 2000 Phone: 1300 88 98 66 Fax: +612 8249 8101 www.admiralmarkets.com.au info@admiralmarkets.com.au

## APPLICATION FORM FOR AUSTRALIAN INDIVIDUAL APPLICANT

A reference in this Application Form to Admiral Markets is (unless otherwise defined) a reference to Admiral Markets Pty Ltd (ACN 151 613 839), AFSL 410 681 its associates and its successor and assignee from time to time.

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First name: Middle (given)				
Middle (given) name(s):				
Formername(s):		·		
Date of Birth:	of Birth:			
	NTIFICATION INFORMATION			
r electronic verifi Australian M	ication and fast account approval, plea	se provide the details below		
Australian	ledicale.			
Medicare number				
Reference number (alongside name):				
,				
Australian D	rivers License:			
State issued within Australia:				
Australia:				
State issued within Australia: Date of expiry: Card Number:				
Australia: Date of expiry:				
Australia: Date of expiry: Card Number:				
Australia: Date of expiry: Card Number:	assport:			
Australia: Date of expiry: Card Number:  Australian Pa	assport:			
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Australia: Date of expiry:	assport:			



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Please include previous resider	ntial address if currency t	enancy is less than 3 years.				
Street:			House:	Ap	pp#:	
City:	State/ Region:		Country:	Po co	ost ode:	
Phone:			Mobile:			
E-mail:						
ECTION 4: OTHER IN  1) Investment objecti		nce				
Preservation of Capital:	Income: []	Growth:	Trading profits:	Spec	culation:	Hedging:
Stocks: Yea	rs Trading:	Currencies:	Years Trading:	Futures:	Years Trac	ling:
Commodities: Year	rs Trading:	Options:	Years Trading:	Additional:		
How did you hear about us?						
Which broker(s) did you trade w	vith?					
2) Financial informati	on					
Estimated Initial Deposit:			Annual Net Income:			
Total Assets:			Liquid Assets:			
Source of Funds (salary, investments etc.):						
3) Employment detai	ls					
Employed:		Unemployed:	Retired:		Student:	
Occupation:			Industry:			
ECTION 5: ACCOUNT	INFORMATION	I				
I would like to open the followin	ng type of account(s): M	icro: Standard: Pr	ofessional: Main Cur	rency: AUD:	USD: Other	:
Promo/Referral Code:			Phone Dealing Password:			



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## SECTION 6: AUTHORITY

I/We, hereby declare that by signing this Agreement;

- 1. I/We confirm that I/we have received, read and understood the following documents:
  - Admiral Markets Product Disclosure Statement;
  - Admiral Markets Financial Services Guide; and
  - Admiral Markets Account Terms,
- 2. I/We apply for an Account on the terms of and agree to be bound by the Admiral Markets Account Terms;
- 3. I/We agree and consent that Admiral Markets 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 Admiral Markets or to service providers for my/our Account, and may be used by any of them only for the purposes of our Account;
- 4. For Anti Money Laundering and Counter-Terrorism Financing, I/we confirm that I/we have
  - a. Not been subject to bankruptcy proceedings in the past 7 years;
  - **b.** Not been refused credit or financing;
  - c. Not had, nor currently have a criminal record;
  - d. Not been banned from holding office as a company director
- 5. I/We acknowledge and agree that an Account for me/us will be established on the Account Terms applying to this Application Form; and
- 6. the information that I/we have supplied in this Application Form is true and correct and not misleading.

Date of Execution (DD/MM/YYYY):	
Applicant	
Given Name (First Name):	
Surname:	
Signature:	