

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 INDIVIDUAL TRUST 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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Surname:	· · · · · · · · · · · · · · · · · · ·				
Samarie.					
First name:					
Other given name(s):					
Former name(s):					
Date of Birth:					
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Australian Dr	ivers License:				
Licence number:					
State issued within Australia:					
Date of expiry:					
Card Number:					
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Country of birth: Place of Birth:					
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Place of Birth:  R  Medicare number Reference number (alongside name):  I confirm that I am a holder for the purpo	authorised to provide the personal obse of confirming my identity.		DNTACT INFORMA	TION	



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Sydney NSW 2000
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Street:	esidential address if currency tenancy is less	House:	App#:	
City:	State/ Region:	Country:	Post code:	
Phone:		Mobile:		
E-mail:				

## SECTION 6: AUTHORITY

I/We, hereby declare that by signing this Application Form:

- 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;
  - Admiral Markets Account Terms and
  - Admiral Markets PTY Privacy Policy
- 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 legalobligations 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.
- 7. I/We agree, understand and consent that, Admiral Markets as part of the identity verification processes, personal details provided will be matched to information held by the issuer or Official Record Holder via third party systems.

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