



CLIENT APPLICATION FORM

Issued: DECEMBER 2014
VERSION 2.0

Issuers:
BBY Limited ABN 80 006 707 777 AFSL 238095

CLIENT APPLICATION FORM

Section 1 – Instructions to Applicants for completing this form

OPENING AN ACCOUNT

To open an account with BBY (**Account**) you need to complete the Application Form and provide proof of identification and return the form and identification documents to us. By completing this Application Form, you authorise an Account to be opened for you.

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

This Application Form should be read in conjunction with the various client terms of trading (collectively referred to as **BBY Terms**), Product Disclosure Statements (**PDS**) and Financial Services Guide (**FSG**) which will apply to your Account depending on which financial products you wish to trade in.

A copy of the BBY documentation can be obtained from our website at www.bby.com.au, or by requesting a copy from us. You should ensure that you have received and read the BBY FSG, as they contain important information about the services we provide to you.

Please make your trading selection by initialling the appropriate box in Sections 3.2, 3.3 and 3.4 of this Application Form. When we accept your Application, you will also be bound by the BBY Account Terms.

Your Account may also be regulated by law or the rules of an exchange.

A reference in Application Form to BBY is (unless otherwise defined) a reference to BBY Limited ABN 80 006 707 777, its associates and their respective successors and assignees from time to time.

COMPLETING THIS APPLICATION FORM:

- Complete this Application Form using **BLUE** 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 corporation, a trust or another legal entity acceptable to BBY.

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)
Corporation	N/A	Use corporation 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 corporation	Use corporation 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)

CLIENT APPLICATION FORM

Section 1 – Know Your Customer Identification Documents

The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) (**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, BBY are 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, BBY 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 this Section 1 of this Application Form entitled “KYC – Client Identification Documents” at pages 5, 6, and 7.

BBY 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 BBY. If you do not provide BBY with all of the documents required under the AML/CTF Act, BBY 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
- An agent of Australian Postal Corporation
- A Permanent Employee of Australia Post (with 2 or more years of continuous service with Australia Post)
- Chiropractor
- Dentist
- Medical Practitioner
- Nurse
- Optometrist
- Patent Attorney
- Trade Marks Attorney
- Pharmacist
- Physiotherapist
- Psychologist

- Veterinary Surgeon
- An Australian Consular Officer or an Australian Diplomatic Officer
- An Officer / employee 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 ___ pages document sighted on ___/___/___”

Beneath the certification wording the certifier must:

- sign
- record their full name
- insert address
- Insert the date of certifying
- note registration number (If applicable)
- note their capacity to sign

For example, if a Justice of the Peace is certifying, the JP number must be recorded.

NOTE: The Statutory Declaration Regulations 1993 are accessible through the Commonwealth of Australia Law website, www.comlaw.gov.au

CLIENT APPLICATION FORM

Section 1 – 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

To be provided by:

- each individual Applicant
- each individual Authorised Person / Authorised Representative
- each individual that is a Trustee Applicant
- each Director of an Applicant that is a Corporate Trustee
- each Director of an Applicant that is a Corporation
- each individual who owns, through one or more shareholdings, more than 25% of the issued capital of an Applicant that is a Corporation

Method 1:		Acceptable Primary Photographic and Residential ID Document
App 1	App 2	
		Original Certified Copy of current Australian drivers licence or permit containing a photograph and current residential address of each Applicant

OR

Method 2:		One Acceptable Primary Photographic ID Document plus a document which can verify current residential address
App 1	App 2	Acceptable Primary Photographic ID Documents: select ONE valid option from this section
		Original Certified Copy of Australian passport (a passport that has expired within the preceding 2 years is acceptable)
		Original Certified Copy of National Identity Card containing a photograph and the signature of the Applicant*
		Original Certified Copy of Foreign passport or similar travel document containing a photograph and the signature of the Applicant*
		Original Certified Copy of Proof of Identity card containing a photograph of the Applicant
		Original Certified Copy of current Foreign driver's licence containing a photograph and date of birth

AND

Document which can verify current residential address

Method 3:		One Acceptable Primary Non Photographic ID Document plus one Acceptable Secondary ID Document
App 1	App 2	Acceptable Primary Non Photographic ID Documents: select ONE valid option from this section
		Original Certified Copy of Australian citizenship certificate
		Original Certified Copy of Pension card issued by Centrelink
		Original Certified Copy of Australian birth certificate
		Original Certified Copy of Foreign citizenship certificate*
App 1	App 2	Acceptable Secondary ID Documents: select ONE valid option from this section
		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
		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
		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
		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.

CLIENT APPLICATION FORM

Section 1 – Know Your Customer Identification Documents

2. CORPORATE APPLICANT (acting on its own behalf and as Corporate Trustee)

Acceptable ID Documents submitted (both documents from this section must be submitted)	
Original Certified Copy of Certificate of Registration issued by ASIC, or the equivalent, by the relevant foreign registration body	
Dir 1	Dir 2
For each Director, the ID documents required as for an Individual (see above)	

3. TRUST APPLICANT

Acceptable ID Documents submitted
Original Certified Copy of the Trust Deed (and any Deed(s) of Amendment)

If you need assistance to complete this Application Form, please contact your advisor or, alternatively, BBY on 1300 724 329.

The original Application Form and supporting documentation must be mailed to your advisor.

Your advisor contact details and office mailing addresses are listed on the BBY office directory located inside the back cover of this Application Form.

CLIENT 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 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

Drivers 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

Drivers 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 BBY to withhold payments from you and remit them to the Australian Taxation Office. If exempt, please include details in space provided.

ACCOUNT DESIGNATION (NOT COMPULSORY)

If your account is to be 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 Application Form. You do not need to include an account designation unless your account is held beneficially for another entity.

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

CLIENT APPLICATION FORM

Section 2 – Applicant Details: Individuals / Joint Applicants

APPLICANT 3

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

Drivers 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 BBY to withhold payments from you and remit them to the Australian Taxation Office. If exempt, please include details in space provided.

CLIENT APPLICATION FORM

Section 2 – Applicant Details: Domestic Corporation

2.2 DOMESTIC CORPORATION OR DOMESTIC CORPORATE TRUSTEES

Write the full name of the corporation 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 Application Form.

Corporate Applicants are required to:

1. 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 7, of this Application Form; and
2. complete the details of two (2) directors that will sign this agreement as Director 1 and Director 2 in Section 6 of this Application Form; and
3. complete Section 5 of this Application Form for all other Directors and any other person that is to be nominated as an Authorised Person/ Authorised Representative.

Corporation Name:

ACN (compulsory)

ABN

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

Australian Tax File Number*

Exempt (please specify)

Account Designation

If your account is to be 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 Application Form.

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

Registered Office Address (PO Box is NOT acceptable)

State Postcode Country

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

Corporation Type (please select only one of the following)

Public Proprietary

Is this a Sole Director/Sole Company Secretary Corporation?

Yes No

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

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

CLIENT APPLICATION FORM

Section 2 – Applicant Details: Domestic Corporation

DIRECTOR 1

Director Title Mr Mrs Ms Miss Dr
First Name, Middle Name

Surname

Date of Birth (DD / MM / YY)
/ /

Drivers 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)
/ /

Drivers Licence Number/Passport Number

Residential Address (PO Box is NOT acceptable)

State Postcode Country

Mobile Phone No. Fax No.

If the corporation is a proprietary company, please provide details of all individuals who are beneficial owners through one or more (direct/indirect) shareholdings of more than 25% of the company's issued share capital. This Section provides for four shareholders' details. If there are more, please make additional copies of this page and complete as required.

SHAREHOLDER 1

Shareholder Title Mr Mrs Ms Miss Dr
First Name, Middle Name

Surname

Date of Birth (DD / MM / YY)
/ /

Residential Address (PO Box is NOT acceptable)

State Postcode Country

SHAREHOLDER 2

Shareholder Title Mr Mrs Ms Miss Dr
First Name, Middle Name

Surname

Date of Birth (DD / MM / YY)
/ /

Residential Address (PO Box is NOT acceptable)

State Postcode Country

CLIENT APPLICATION FORM

Section 2 – Applicant Details: Domestic Corporation

SHAREHOLDER 3

Shareholder Title Mr Mrs Ms Miss Dr

First Name, Middle Name

Surname

Date of Birth (DD / MM / YY)

/ /

Residential Address (PO Box is NOT acceptable)

State

Postcode

Country

SHAREHOLDER 4

Shareholder Title Mr Mrs Ms Miss Dr

First Name, Middle Name

Surname

Date of Birth (DD / MM / YY)

/ /

Residential Address (PO Box is NOT acceptable)

State

Postcode

Country

CLIENT APPLICATION FORM

Section 2 – Applicant Details: Foreign Corporation

2.3 FOREIGN CORPORATION OR FOREIGN CORPORATE TRUSTEES

Write the full name of the corporation 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 Application Form.

Corporate Applicants are required to:

1. 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 7, of this Application Form; and
2. complete the details of two (2) directors that will sign this agreement as Director 1 and Director 2 in Section 6 of this Application Form; and
3. complete Section 5 of this Application Form for all other Directors and any other person that is to be nominated as an Authorised Person/ Authorised Representative.

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

Is the foreign corporation registered with ASIC?

Yes please provide the information requested

ARBN

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

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

Phone No.

Fax No.

Name of local agent in Australia (if applicable)

Is the foreign corporation registered with ASIC?

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

Yes corporation is registered by a foreign registration body

Provide the name of the relevant foreign registration body.

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

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

State Postcode Country

Phone No.

Fax No.

Or

Corporation 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

Phone No.

Fax No.

Corporation Type (please select only one of the following)

Public Private / Proprietary

Other (please specify)

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

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

CLIENT APPLICATION FORM

Section 2 – Applicant Details: Foreign Corporation

DIRECTOR 1

Director Title Mr Mrs Ms Miss Dr
First Name, Middle Name

Surname

Date of Birth (DD / MM / YY)
/ /

Drivers Licence Number/Passport Number

Residential Address (PO Box is NOT acceptable)

State Postcode Country

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

Phone No. Fax No.

If the corporation is a proprietary company, please provide details of all individuals who are beneficial owners through one or more (direct/indirect) shareholdings of more than 25% of the company's issued share capital. This Section provides for two shareholders' details. If there are more, please make additional copies of this page and complete as required.

SHAREHOLDER 1

Shareholder Title Mr Mrs Ms Miss Dr
First Name, Middle Name

Surname

Date of Birth (DD / MM / YY)
/ /

Residential Address (PO Box is NOT acceptable)

State Postcode Country

SHAREHOLDER 2

Shareholder Title Mr Mrs Ms Miss Dr
First Name, Middle Name

Surname

Date of Birth (DD / MM / YY)
/ /

Residential Address (PO Box is NOT acceptable)

State Postcode Country

CLIENT APPLICATION FORM

Section 2 – Applicant Details: Foreign Corporation

SHAREHOLDER 3

Shareholder Title Mr Mrs Ms Miss Dr

First Name, Middle Name

Surname

Date of Birth (DD / MM / YY)

/ /

Residential Address (PO Box is NOT acceptable)

State

Postcode

Country

SHAREHOLDER 4

Shareholder Title Mr Mrs Ms Miss Dr

First Name, Middle Name

Surname

Date of Birth (DD / MM / YY)

/ /

Residential Address (PO Box is NOT acceptable)

State

Postcode

Country

CLIENT APPLICATION FORM

Section 2 – Applicant Details: Trust Applicants

2.4 TRUST DETAILS

Full Name of Trust

Full Business or Corporation 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

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

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 Corporation complete Section 2.2 of this Application Form.

Foreign Corporation complete Section 2.3 of this 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

Regulated Trust (eg. Self Managed Superannuation Fund)

Provide name of the Regulator (eg. ASIC, APRA, ATO)

OR Provide the Trust's ABN or registration/licensing details

Government Superannuation Fund

Provide name of the Legislation establishing the Fund

Other Trust Type

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

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

Title Mr Mrs Ms Miss Dr

First Name, Middle Name

Surname

Date of Birth (DD / MM / YY)

/ /

Residential Address (PO Box is NOT acceptable)

State

Postcode

Country

BENEFICIARY 2

Title Mr Mrs Ms Miss Dr

First Name, Middle Name

Surname

Date of Birth (DD / MM / YY)

/ /

Residential Address (PO Box is NOT acceptable)

State

Postcode

Country

CLIENT APPLICATION FORM

Section 2 – Applicant Details: Trust Applicants

BENEFICIARY 3

Title Mr Mrs Ms Miss Dr

First Name, Middle Name

Surname

Date of Birth (DD / MM / YY)

/ /

Residential Address (PO Box is NOT acceptable)

State

Postcode

Country

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

CLIENT APPLICATION FORM

Section 3 – Trading Selection: BBY ASX Exchange Traded Equities, ETOs and Warrants

3.1 BBY ASX EXCHANGE TRADED EQUITIES, ETOs AND WARRANTS

By signing this Application Form, I/we acknowledge that:

- I/We have received, read and understand the BBY ASX and International Trading Terms, the BBY FSG, and will be bound by all of them on acceptance of this Application Form.
- I/We have received, read and understood the explanatory booklet published by the ASX entitled “UNDERSTANDING TRADING AND INVESTMENT WARRANTS”.

AND if EXCHANGE TRADED OPTIONS is selected in this Application Form:

- I/We have received, read and understood the explanatory booklet published by the ASX entitled “UNDERSTANDING OPTIONS TRADING”.
- I/We have received, read and understood the BBY EXCHANGE TRADED OPTIONS PRODUCT DISCLOSURE STATEMENT.
- I/We have executed the REGISTERED HOLDER COLLATERAL COVER AUTHORISATION FORM at the end of this Application Form.

3.1.1 EXCHANGE TRADED OPTIONS TRADING

If you are to trade in exchange traded options through BBY, please tick this box

CLIENT APPLICATION FORM

Section 3 – Trading Selection: BBY Online Professional

3.2 BBY ONLINE TRADING (BBY ONLINE PROFESSIONAL)

Account Name (individual name, joint names or corporation name) and Account designation (if applicable)

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

EQUITIES (ASX AND INTERNATIONAL LISTED)

INITIAL
HERE

I/We select Equities, with BBY Limited as the provider.

EXCHANGE TRADED OPTIONS (ASX AND INTERNATIONAL STOCKS AND STOCK INDICES)

INITIAL
HERE

I/We select Exchange Traded Options, with BBY Limited as the provider and acknowledge that by this selection and by signing this Application Form:

- I. I/We have received, read and understood the BBY ONLINE PROFESSIONAL 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 Foreign Exchange, with BBY Limited as the provider and acknowledge that by this selection and by signing this Application Form:

- I. I/We have received, read and understood the BBY ONLINE PROFESSIONAL FOREIGN EXCHANGE AND COMMODITIES PRODUCT DISCLOSURE STATEMENT.

FUTURES (ASX 24, ASX AND INTERNATIONAL LISTED)

INITIAL
HERE

I/We select Futures, with BBY Limited as the provider and acknowledge that by this selection and by signing this Application Form:

- I. I/We have received, read and understood the BBY ONLINE PROFESSIONAL FUTURES AND DERIVATIVES PRODUCT DISCLOSURE STATEMENT.

CLIENT APPLICATION FORM

Section 3 – Trading Selection: BBY Desk Futures

3.3 BBY FUTURES

One Applicant executing this Application Form must initial the relevant box to make the selection(s).

Account name (individual name, joint names or corporation name) & Account designation (if applicable)

By selecting the following, I/we acknowledge that I/we have received, read and understand the BBY Futures Terms, the BBY FSG and will be bound by all of them on acceptance of this Application Form.

FUTURES (ASX 24 AND INTERNATIONAL LISTED)

**INITIAL
HERE** I/We select Futures, with BBY Limited as the provider and acknowledge that by this selection and by signing this Application Form:

- I. I/We have received, read and understood the BBY FUTURES PRODUCT DISCLOSURE STATEMENT.

CLIENT APPLICATION FORM

Section 3 – Trading Selection: BBY Desk FX and Commodities

3.4 BBY DESK FX AND COMMODITIES

One Applicant executing this Application Form must initial the relevant box to make the selection(s).

Account name (individual name, joint names or corporation name) & Account designation (if applicable)

By selecting the following, I/we acknowledge that I/we have received, read and understand the BBY Desk FX Terms, the BBY FSG, the BBY Desk FX and Commodities PDS and will be bound by all of them on acceptance of this Application Form.

BBY DESK FX AND COMMODITIES

- INITIAL
HERE** I/We select FX and Commodities, with BBY Limited as the provider and acknowledge that by this selection and by signing this Application Form:
- I/We have received, read and understood the BBY DESK FX AND COMMODITIES PRODUCT DISCLOSURE STATEMENT.

CLIENT APPLICATION FORM

Section 4 – Banking and Settlement Instructions

4.1 SPONSORSHIP

4.1.1 CHESS SPONSORSHIP

Shareholding certificates are no longer issued. CHESS registers financial products in your name to evidence your ownership. CHESS is a system of registering financial products electronically in what is known as a HIN and is operated by ASX Settlement Pty Limited. Unless you tell us not to, BBY will establish a new HIN for you and be your sponsor for CHESS.

Only tick this box if you DO NOT wish BBY to be your CHESS sponsor and establish a new HIN for you

Would the Client like to convert its Issuer Sponsored holdings of financial products to its BBY HIN? Yes No

(Please attach current copies of Issuer Sponsored Statements for all financial products being converted)

Would the Client like to transfer an existing HIN from another broker? Yes No

If 'Yes', please provide the following:

Name of Broker Existing HIN

Note: you must also sign the Change of Sponsoring Broker Authority Form attached to the back of this form.

4.2 EXTERNAL MARGIN LENDING DETAILS

4.2.1 EXTERNAL MARGIN LENDER DETAILS

By ticking this box, I/we authorise and direct BBY to settle to/from the account established with BBY with the external margin lender identified below. The margin lending account must be registered in exactly the same name and address as your account established with BBY.

Margin Lender Name Broker PID (if Known)

Account Name

Account Manager's Name Account Manager's Contact Telephone

Account Number

CLIENT APPLICATION FORM

Section 4 – Banking and Settlement Instructions

4.3 BBY DIRECT DEBIT & CREDIT FORM

The provision of your banking details enables BBY to debit and credit your bank account to settle your trading activity. If you have a preference for a cash management account, contact your Advisor. You may be subject to additional fees if a bank account or cash management account is not set up with BBY.

Please tick applicable box: Debit Credit Both Do you want Dividends to be paid into this account?

This account will be set as your default bank account unless you tick this box non default

Note, if you want to add secondary bank accounts, or you want to nominate another bank account to receive credits, please fill in another BBY Direct Debit and Credit Form.

BBY Broking Account No. Bank Account Name

Account Number or IBAN No. (European payments only)* Bank Identifier (eg. BSB/ABA/SWIFT/Sort Code) Currency

Bank Name / Branch Address

Beneficiary Address (for Overseas Accounts)

Signature Applicant 1 / Director

Signature Applicant 2 / Director / Company Secretary

You (and each Account Holder) agree that by signing this document and either returning the original signed document to BBY, or faxing or emailing a copy of the original signed document to BBY, this document will constitute a legally binding agreement with BBY.

DIRECT DEBIT TERMS

If the bank account holder(s) named above have authorised the account(s) listed above (Accounts) to be debited by BBY, the following terms will apply to those bank account holder(s) (you) and the client (Client):

You request and authorise BBY to arrange for any amount BBY may debit or charge the Client (including without limitation any amount which BBY, as the Client's agent, has instructed BBY to debit) to be debited through the Bulk Electronic Clearing System from the Nominated Account and paid to BBY, subject to the Direct Debit Terms and the Client's instructions.

In addition, BBY may, as necessary, debit amounts required to settle outstanding securities and derivative transactions including exchange traded options and OTC derivatives and any other amounts relating to transactions entered into by or on behalf of the Client. By signing this Direct Debit Request and Authority you and the Client acknowledge having read, understood and agree to be bound by the Direct Debit Terms.

Each of you and the Client severally agree to indemnify BBY and its respective related bodies corporate and its and their directors, officers, contractors, agents and employees (each an Indemnified Person) to the maximum extent permitted by law against all liabilities, losses, damages, costs or expenses directly or indirectly incurred or suffered by the Indemnified Person, and from and against all actions, proceedings, claims or demands made against the Indemnified Person as a result of BBY debiting the Account(s).

1. DEFINITIONS

In these Direct Debit Terms:

Account means the default and secondary account(s) identified in sections 1 and/or 3 on the page opposite.

Banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

Debit Day means the day that payment is due from the Client to BBY.

Debit Payment means a particular transaction where a debit is made.

You means the holder of the Account(s).

Your Financial Institution means the Financial Institution at which the Account is kept.

2. DEBITING THE CLIENT'S ACCOUNT

2.1 By providing details of nominated bank accounts and signing this document, you authorise BBY to arrange for funds to be debited from or credited to the Account. A further reference in these terms to "debit" includes crediting your account as the context requires.

2.2 BBY will only arrange for funds to be debited from the Account as authorised in the Direct Debit Request and Authority.

2.3 If the Debit Day falls on a day that is not a Banking day, BBY may direct Your Financial Institution to debit the account on the following Banking day. If you are unsure about the day on which the Account has or will be debited, you should ask Your Financial Institution.

3. CHANGES

3.1 You may cancel your authority for BBY to debit the Account or terminate these arrangements at any time by giving BBY fourteen (14) days notice in writing (which includes email). This notice should be provided to or emailed to BBY and will not be effected unless and until the notice has been received by or otherwise notified to BBY.

3.2 BBY may terminate these arrangements at any time by giving fourteen (14) days notice in writing to the Client.

4. YOUR OBLIGATIONS

4.1 It is your responsibility to ensure that there are sufficient cleared funds available in the Account to allow a Debit Payment to be made.

4.2 If there are insufficient funds in the Account to meet a Debit Payment:

- you may be charged a fee and/or interest by Your Financial Institution;
- the Client may also incur fees or charges imposed or incurred by BBY; and
- you or the Client must arrange for the Debit Payment to be made by another method or arrange for sufficient clear funds to be in the Account by an agreed time so that BBY can process the Debit Payment.

4.3 You should check the Account statement to verify that the amounts debited from the Account are correct.

4.4 If BBY is liable to pay goods and services tax ("GST") on a supply made in connection with this agreement, then you and the Client agree to pay BBY on demand an additional amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5. DISPUTE

5.1 If you believe that there has been an error in debiting the Account, you or the Client should notify BBY directly and confirm that notice in writing as soon as possible.

5.2 If BBY concludes as a result of our investigations that the Account has been incorrectly debited BBY will arrange for Your Financial Institution to adjust the Account accordingly. BBY will also notify the Client in writing of the amount by which the Account has been adjusted.

5.3 If BBY concludes as a result of its investigations that the Account has not been incorrectly debited BBY will provide the Client with reasons and any evidence for this finding.

5.4 Any queries about an error made in debiting the Account should be directed to BBY in the first instance so that BBY can attempt to resolve the matter with you or the Client. If the matter cannot be resolved in this manner BBY may refer it to Your Financial Institution which will obtain details from you of the disputed transaction.

6. CONFIDENTIALITY

6.1 BBY will keep any information (including Account details) in your Direct Debit Request confidential.

6.2 BBY will only disclose information that it has about you:

- to the extent specifically required by law; or
- for the purposes of this Direct Debit Request and Authority (including disclosing information in connection with any query or claim); or
- in accordance with BBY's Privacy Statement or with your consent (implied or otherwise).

7. GOVERNING LAW

These terms are governed by the laws in force in Victoria.

CLIENT APPLICATION FORM

Section 5 – Appointment of Authorised Person / Representative

To be completed by all additional Directors and if the Applicant/s wish to appoint an Authorised Person / Authorised Representative to act on their behalf with respect to the Account(s) established with BBY.

AUTHORISED PERSON / AUTHORISED REPRESENTATIVE DETAILS

Title Mr Mrs Ms Miss Dr

First Name, Middle Name

Surname

Date of Birth (DD / MM / YY)

/ /

Drivers 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

DIRECTOR 1

Director Title Mr Mrs Ms Miss Dr

First Name, Middle Name

Surname

Date of Birth (DD / MM / YY)

/ /

Drivers Licence Number/Passport Number

Residential Address (PO Box is NOT acceptable)

State Postcode Country

Phone No. Fax No.

Director's Signature

SIGN HERE

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

Phone No. Fax No.

Director's Signature

SIGN HERE

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

Each Applicant confirms for the benefit of the BBY Group that, by signing this Application Form:

1. The Authorised Person / Authorised Representative is authorised by me/us to act on my/our Account as though the Authorised Person / Authorised representative is the Account Holder.
2. The person identified above is authorised by me/us to give instructions for:
 - i) Dealing (placing, amending and cancelling orders).
 - ii) Movement of cash/security holdings to:
 - accounts with a member of the BBY Group with the same account name and designation; and
 - Nominated Bank Accounts linked to accounts established with members of the BBY Group subject to BBY internal payment policies and procedures.
 - iii) The type of instructions which will be accepted is subject to the internal policies and procedures and certain instructions may not be processed and need to be given by the client.
3. BBY and its respective successors and assignees may rely on this authorisation for the Authorised Person / Authorised Representative to bind me/us in every respect of my/our accounts, established with members of the BBY Group as though the Authorised Person / Authorised Representative is the client, including with respect to recording conversations with them and sending to them information and notices. I/ We will ratify whatever the Authorised Person / Authorised Representative does under this authority, even after my/our Account is closed.
4. This Authorisation and BBY'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 accounts, established with members of the BBY Group and this liability remains even after the account is closed.

CLIENT APPLICATION FORM

Section 6 – Acknowledgements and Execution

6.1 PRIVACY ACT CONSENT

By signing Section 6.5, I/we hereby declare that I/we agree that BBY 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 the BBY Group 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 BBY by contacting BBY.

For a copy of BBY's privacy policy, please see our website at www.bby.com.au or contact us.

Please tick if you do NOT want to receive any investment information from BBY about its other financial products and services.

6.2 INVESTMENT INFORMATION

Note: If you have ticked the box in Section 6.1 and elected not to receive investment information, you should not complete this Section 6.2.

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

6.3 CORRESPONDENCE DETAILS

Enter one address for all correspondence. Correspondence for Joint Applicants will only be sent to the address specified in this Section (or as later updated).

I/We authorise BBY to provide confirmations, statements and other communications electronically only.

Email Address (All electronic communications will be sent here)

If additional copies are required please provide additional e-mail address below.

Additional Email Address 1 (for trade confirmations)

Additional Email Address 2 (for trade confirmations)

Electronic communication ensures timely delivery of your BBY confirmations and statements. Unless you notify us otherwise, confirmations will be sent by email or will be available on the online trading systems and only 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

6.4 ACKNOWLEDGEMENTS

I/We hereby declare that by executing this Application Form:

1. I/We confirm that I/we have received, read, understood and agree to be bound by the applicable client terms for the financial products I/we have chosen to trade in.
2. I/We confirm that I/we agree to BBY paying its representatives, authorised representatives and/or licensee partners (as the case may be) a set portion of the Transaction Fees, brokerage, commission or other amounts payable (not exceeding 55%) that I/we pay to BBY as either their remuneration or as a referral fee. BBY confirms that neither BBY nor its representatives, authorised representatives nor licensee partners have discretion over the portion of fees to be paid in each instance. I/We agree that I/We give my/our clear and express consent to BBY making such payments and to BBY's representatives, authorised representatives and licensee partners (as the case may be) receiving such payments.
3. I/we agree to BBY, its representatives and authorised representatives receiving trail commissions from providers external to BBY where I/we enter into cash management accounts, margin lending facilities or other similar products.

BBY confirms that neither BBY nor its representatives nor authorised representatives have discretion over the amount of the trail that is received in each instance. I/We agree that I/We give my/our clear and express consent to the external parties making such trail commission payments and to BBY, its representatives and authorised representatives (as the case may be) receiving such payments.

4. I/We acknowledge and accept that the confirmations provided 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.
5. I/We agree and acknowledge that BBY 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.
6. I/We have received, read and understood the FSG, all of the Product Disclosure Statements and the current explanatory booklets published by ASX in respect of each financial product or financial service I/we have chosen and accept the risks of trading those financial products.
7. A person who executes an electronic copy of an Application Form acknowledges that the person either downloaded or received personally and read the entire contents of the BBY's relevant Product Disclosure Statements for financial products.
8. I/We acknowledge that it is my/ our responsibility to satisfy myself that BBY's advice or trade recommendations are appropriate and suitable to my circumstances and that I have given careful consideration to my objectives, financial situation and needs and have formed the opinion that dealing in these financial products is suitable for my purpose.

CLIENT APPLICATION FORM

Section 6 – Acknowledgements and Execution

6.5 EXECUTION OF 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 and that Director is also the Sole Company Secretary, by that person.

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

Date of Execution (DD / MM / YY)

/ /

INDIVIDUAL/JOINT APPLICANT EXECUTION:

CORPORATE APPLICANT EXECUTION:

APPLICANT 1

DIRECTOR 1 - SOLE DIRECTOR AND SOLE COMPANY SECRETARY (delete if not applicable)

Given Name (First Name, Middle Name)

Given Name (First Name, Middle Name)

Surname

Surname

Signature

Signature

SIGN HERE

SIGN HERE

APPLICANT 2

DIRECTOR 2 / COMPANY SECRETARY (delete whichever is not applicable)

Given Name (First Name, Middle Name)

Given Name (First Name, Middle Name)

Surname

Surname

Signature

Signature

SIGN HERE

SIGN HERE

APPLICANT 3

Given Name (First Name, Middle Name)

Surname

Signature

SIGN HERE

CLIENT APPLICATION FORM

Section 7 – Deed of Guarantee and Indemnity

7.0 DEED OF GUARANTEE AND INDEMNITY

To be completed if the Applicant is a Corporation (acting on its own behalf or as trustee).

All Directors of the Corporate 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:

BBY Limited ABN 80 006 707 777 (and its successors and assignees)

The conditions governing this Deed of Guarantee and Indemnity are set out in the various BBY trading terms that you agree to be bound by. 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:

GUARANTOR 1

First Name, Middle Name

Surname

Signature of Guarantor

SIGN HERE

SIGNED, SEALED AND DELIVERED AS A DEED POLL BY:

GUARANTOR 2

First Name, Middle Name

Surname

Signature of Guarantor

SIGN HERE

IN THE PRESENCE OF AN INDEPENDENT WITNESS

First Name, Middle Name

Surname

Signature of Witness

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)

/ /

Date of Execution (DD / MM / YY)

/ /

CLIENT APPLICATION FORM

Section 7 – Deed of Guarantee and Indemnity

SIGNED, SEALED AND DELIVERED AS A DEED POLL BY:

GUARANTOR 3

First Name, Middle Name

Surname

Signature of Guarantor

SIGN HERE

SIGNED, SEALED AND DELIVERED AS A DEED POLL BY:

GUARANTOR 4

First Name, Middle Name

Surname

Signature of Guarantor

SIGN HERE

IN THE PRESENCE OF AN INDEPENDENT WITNESS

First Name, Middle Name

Surname

Signature of Witness

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)

/ /

Date of Execution (DD / MM / YY)

/ /

Change of Sponsoring Broker Authority Form

(Change of Controlling Participant)



Account Number

Account Name

Account Designation

Address

Please transfer the Nominated HIN OR Holdings:

Current Sponsoring Broker:	
Current Sponsoring Broker PID:	
Current Sponsoring Broker HIN:	

Please select either:

HIN (HIN & Holdings to be transferred)

or

Select Holdings (Transferring individual holdings - please provide List of Holdings to be transferred)

Stock	Quantity	Stock	Quantity

Clearing Settlement Participant:

BBY LIMITED (PID 01124)
L13, 8 EXHIBITION STREET
MELBOURNE VIC 3000

Signature/s of the Sponsored Client requesting transfer*:

Name 1

Name 2

Signature

Signature

* All account holders must sign. For Company accounts, each Director / Secretary must sign.

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OPTIONS Change of Sponsoring Broker Authority Form

(Change of Controlling Participant)



New Broker Name

OPTIONS Account No

Account Name

Address

Please transfer the Nominated OPTION Holdings:

Current Broker's Name:	
Current Account No.:	
Current Account Name:	

Please select either:

All Options to be Transferred

Options shown in the attached copy of statement / contract note

SPECIFIC Options as listed below

Product	(Call/Put, Expiry Month, Strike)	Quantity	Trade Price
OPTIONS			
OPTIONS			
OPTIONS			
OPTIONS			
OPTIONS			
OPTIONS			

Clearing Settlement Participant:

BBY LIMITED (PID 01124)
L13, 8 EXHIBITION STREET
MELBOURNE VIC 3000

NSSP PID _____

(Office use only)

Signature/s of the Sponsored Client requesting transfer*:

Name 1

Name 2

Signature

Signature

* All account holders must sign. For Company accounts, each Director / Secretary must sign.

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Registered Holder Collateral Cover Authorisation

(Note: you must return the original of this document to BBY for lodgement with ASX Clear)



Client Account Number this Authorisation covers¹:

1. We/I,
(insert name of Registered Holder)

(Registered Holder), Holder Identification Number
(insert HIN)

authorise my Controlling Participant, to reserve (or withdraw) Financial Products (**Collateral**) registered in the name of the Registered Holder in the ASX Clear Pty Limited, ABN 48 001 314 503 (**ASX Clear**) Subposition as Collateral Cover for obligations in respect of Options Market Contracts registered in the Client Accounts nominated above¹ with BBY Limited ABN 80 006 707 777 AFSL No. 238095 (**BBY**).

2. The Registered Holder acknowledges that ASX Clear may, in its absolute discretion, decline to accept in relation to all or any particular Client Account nominated above¹ 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 ASX Clear Subposition by sending the appropriate Collateral lodgement message so that the Collateral lodged comes under the control of ASX Clear, or Collateral withdrawn leaves the control of ASX Clear, in accordance with the ASX Clear Operating Rules and Procedures (as amended from time to time).
4. In registering Collateral in the ASX Clear Subposition, the Registered Holder acknowledges that the Collateral will be subject to a fixed charge (**Charge**) in favour of ASX Clear from the time they are reserved to the ASX Clear Subposition in the manner referred to above¹, and will remain subject to the Charge until ASX Clear permits it to be withdrawn from the ASX Clear Subposition.
5. The Registered Holder acknowledges that the Charge secures all amounts and obligations owing by the ASX Clear Participant to ASX Clear in connection with the Client Accounts nominated above¹ opened by the ASX Clear Participant in accordance with the ASX Clear Operating Rules and Procedures (as amended from time to time).
6. The Registered Holder acknowledges that the Registered Holder has read and understood the ASX Clear Operating Rules and the ASX Settlement Operating Rules, in so far as those rules relate to the Collateral and the Charge, including:
 - (a) ASX Clear's power to deal with the Collateral on default by the ASX Clear Controlling Participant in respect of the Client Accounts nominated above¹; and
 - (b) in particular, ASX Clear's power of sale in relation to the Collateral without any notice to the Registered Holder.
7. The Registered Holder warrants that unless ASX Clear 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 ASX Clear and the margin lender, which provides that ASX Clear's Charge has priority over the margin lender's security interest (**Deed of Priority**) or a security interest as permitted under the ASX Clear Operating Rules or the ASX Settlement Operating Rules.
8. If the Registered Holder's Controlling Participant named in this Authorisation 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 ASX Clear Participant is unable to insert the Account Numbers and/or HIN at the time the Registered Holder signs this form the Registered Holder irrevocably authorises the ASX Clear Participant to insert the Account Numbers and/or HIN on this agreement and agrees the ASX Clear Participant will insert the Account Numbers and/or HIN on the Registered Holder's behalf, prior to lodging this Authorisation with ASX Clear. The ASX Clear 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 ASX Clear Operating Rules or the ASX Settlement Operating Rules and Procedures (as amended from time to time).

Signed by the Registered Holder / Director:*

Witnessed by:

* If a corporation, 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.

Signed by the Registered Holder / Director / Secretary:*

Signed by the Registered Holder:

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CLIENT APPLICATION FORM

OFFICE USE ONLY

Signed for BBY Limited (ABN 80 006 707 777)

Officer First Name, Middle Name

Officer Surname

Officer Signature

SIGN HERE

Banking Details

Bank Account Number

CMA Account Number

Futures Account Details

Account Number

Advisor Code

Comm Code/Comm

Date Received (DD / MM / YY)

/ /

Equities Account Details

Account Number

Advisor Code

ETO's

Account Number

Advisor Code

Comm Code/Comm

Date Received (DD / MM / YY)

/ /

Comm Code/Comm

Date Received (DD / MM / YY)

/ /

Commission Rates

(Quoted round turn inclusive of all fees)

AUD

JPY

USD

CHF

EUR

GBP

NZD

CAD

FX Account Details

Account Number

Advisor Code

Comm Code/Comm

Date Received (DD / MM / YY)

/ /

Point Spread Per New Transaction of up to

Point Spread Per Rollover Transaction of up to

BBY may waive this in whole or part and this fee will be included in the Exchange Rates quoted by BBY.

Initial Margin Rate to be applied against ALL transactions

%

BBY OFFICE DIRECTORY

SYDNEY - HEAD OFFICE

Level 17, 60 Margaret St
Sydney NSW 2000
Australia

T +61 2 9226 0042
F +61 2 9226 0066

ADELAIDE

Suite 5, 148 Greenhill Rd
Parkside
Adelaide SA 5063
Australia

T +61 8 8291 1111

AUCKLAND

Level 8, 36 Kitchener St
Auckland 1010
New Zealand

T +64 9 3080780

BRISBANE

Suite 2606, Level 26, 123 Eagle St
Brisbane QLD 4000
Australia

T +61 7 5504 2111

GOLD COAST

Suite E318 Oracle East
3 Oracle Blvd
Broadbeach QLD 4218
Australia

T +61 7 5504 2111

LONDON

15 Stratton St
W1J 8LQ United Kingdom

T +44 203 3000 120

MELBOURNE

Level 13, 8 Exhibition St
Melbourne VIC 3000
Australia

T +61 3 8660 7222

NEW YORK

11th Floor, 712 Fifth Ave
New York, NY 10019
United States of America

T +1 646 668 3610

PERTH

Level 4, 109 St Georges Tce
Perth WA 6000
Australia

T +61 8 6436 3111

WELLINGTON

Level 8 Equinox House
111 The Terrace
Wellington 6011
New Zealand

T +64 4 4717600