

 This form uses JavaScript for optimal performance. Please ensure you have this enabled if completing electronically.

1. Adviser Details

Mr Ms Mrs Miss Dr Other

First name Middle name/s Surname Date of birth – DD / MM / YYYY / /

Other name/s commonly known by – *If applicable*

Employment Information

Refer to 'Job and Industry Classifications List' available on the website for a list of acceptable Job Categories and Types.

Job category Job type

Adviser Contact Details

Residential Address of the Adviser

Street address – *Cannot be a PO Box*

Suburb State Postcode

Country

Registered Address of the Business – *Sole traders only*

Street address – *Cannot be a PO Box*

Suburb State Postcode

Country

Postal Address of the Business

Same as registered address

Street address

Suburb State Postcode

Country

Principal Place of Business – *Sole traders only*

Same as registered address

Street address – *Cannot be a PO Box*

Suburb State Postcode

Country


Preferred Contact Method

Email address

Mobile number

Work number – *Optional*

2. Login Details for Online Access

 You **must** provide a temporary password for online access. You will need this password the first time you login.

Temporary password – 8 to 16 alphanumeric characters

A username will be emailed to you accompanying your registration confirmation.

3. Acknowledgements

1. I understand and acknowledge that the law requires applicants to provide true and correct information and state all the names by which they are commonly known. I also understand that the law prohibits the use of false names, as well as the giving, use or production of false or misleading information on documents in connection with an identification procedure.
2. I declare:
 - a. That the information I have provided in this form is true and correct;
 - b. I have appropriate qualifications, training and experience;
 - c. I am an authorised representative of Grove;
 - d. I have the relevant authorisations from Grove for the services applied for under this form;
 - e. A copy of the Dealer Group Agreement has been provided to me; and
 - f. I have read and agree to the terms in the Dealer Group Agreement which relate to the provision of the nominated services.
3. I consent to the collection, use and exchange of my personal information for the purposes of managing and maintaining my relationship with you, including confirming my identity, communicating with me, and complying with relevant laws and regulations. I understand that personal information collected, used or shared (including with third parties) will be in accordance with the terms outlined in the AUSIEX Privacy Policy available from www.equityandsuper.coretrading.com.au. I have read through the Privacy Policy as it contains important information on how AUSIEX handles personal information and details on how to raise privacy concerns and complaints.
4. I have read and agree to accept and abide by the Participant's Terms and Conditions and Terms of Access or relevant service prior to receiving any financial service. These, along with other legal documents are available on the website and I agree to access these documents from the website.

Adviser full name

Date – DD / MM / YYYY

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Signature – *Must be signed pen to paper*

Where to from here?

Please attach copies of the following documents:

<input type="checkbox"/>	Certified copy of Driver Licence or Passport
<input type="checkbox"/>	Authorised Representative Certificate or Employee Representative Certificate

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How to submit your documents

Once completed and signed,
please scan and email the form to

✉ info@equityandsuper.com.au

☎ 03 8533 2400 🌐 equityandsuper.coretrading.com.au

If you are required to send original certified copies of documents
please send via post to:

📍 **Equity&Super**

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