

Account holder declaration

I/We would like copies of contract notes relating to the Account to be sent to the Authorised Person by:

Email or Post

Instructions for signing this form

Type of Account holder	Signature(s) required	Capacity
Individual and joint individual holder(s)	All Account holders	Tick "Individual"
Individual(s) acting in the capacity as trustee(s) of a trust	All trustees	Tick "Individual Trustee"
Company	<ul style="list-style-type: none"> two directors; a director and a company secretary; a sole director (who is also the sole company secretary); or a duly authorised representative(s) of the company 	Tick "Director", "Sole director and sole secretary", "Company secretary" or "Other" and specify capacity as applicable
Company acting in the capacity as trustee of a trust	As above	As above
Any other entity	The authorised office holders	Tick as applicable and specify capacity

- If signed under Power of Attorney, Attorneys must attach a current certified copy of the Power of Attorney and current certified copy of 100 points of ID for each Attorney if not already supplied (Power of Attorney documents cannot be accepted by fax or email). The Attorney hereby certifies that he/she has not received notice of any limitation or revocation of his/her Power of Attorney and is also authorised to sign this form.

Information complete and correct

I/We confirm that all information provided by me/us is true and correct

1st Individual

Capacity

Individual (personal)
 Individual (trustee)
 Director
 Sole director and sole secretary
 Chairperson / Secretary / Treasurer
 Partner
 Other (please specify)

Signed by: Full name

Signature

Date signed (DD/MM/YYYY)

2nd Individual

Capacity

Individual (personal)
 Individual (trustee)
 Director
 Company secretary
 Chairperson / Secretary / Treasurer
 Partner
 Other (please specify)

Signed by: Full name

Signature

Date signed (DD/MM/YYYY)

3rd Individual

Capacity

Individual (personal)
 Individual (trustee)
 Director
 Company secretary
 Chairperson / Secretary / Treasurer
 Partner
 Other (please specify)

Signed by: Full name

Signature

Date signed (DD/MM/YYYY)