

ASX CLEAR (FUTURES) STATIC DATA

Nominated Person Configuration Form

Submit this form to ASX to create a new Client Entity under ASX Client Protection Model

Attention: ASX Clear (Futures) clearing@asx.com.au

ASX CPM Client Code	
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Nominated Person Legal Name	
Address	
City/Suburb	
State	
Postcode/ZIP	
Country	

Please provide one of:

ABN (or ACN)	
LEI	
Company Registration Number	

Products

- Futures
 NZ SY
 OTC

Please provide one of:

ABN (or ACN)	
LEI	
Company Registration Number	



NOMINATED PERSON'S CONTACT DETAILS

Legal Contact

Job Title	
First Name	
Last Name	
Phone	
Email	

Operations Contact

Job Title	
First Name	
Last Name	
Phone	
Email	

Business Contact

Job Title	
First Name	
Last Name	
Phone	
Email	

STANDARD SETTLEMENT INSTRUCTIONS

SSI's can be nominated by the Nominated Person to assist in the settlement of collateral value on termination of contracts. SSI's will be validated with the Nominated Person prior to a settlement.

BSB	
Account Number	
Account Name	
Austraclear Code	
Currency	AUD
Other Banking Instructions	

This information is collected by ASX to facilitate the provision of a clearing service. Failure to provide this information to ASX is likely to prevent ASX from being able to offer you the clearing service. Should you wish to, you can access the information you provide to ASX by contacting the ASX. ASX may from time to time use external service providers but will not disclose personal information you provide to other organisations or individuals, unless required or authorised by law to do so or unless you consent to the disclosure. ASX does not generally provide personal information to overseas parties and if you would like to contact us or lodge a complaint please refer to the ASX's Privacy Statement for further details at www.asx.com.au/about/privacy-statement.htm

AUTHORISED NOMINATED PERSON'S SIGNATORY

Nominated Person's Signature _____

Nominated Person Signatory Name _____

Date _____

AUTHORISED CPM CLIENT SIGNATORY

CPM Client Signature _____

CPM Client Signatory Name _____

Date _____

AUTHORISED CLEARING PARTICIPANT SIGNATORY ON BEHALF OF CPM CLIENT

Authorised CP Signature _____

Authorised CP Signatory Name _____

Date _____

