



Austraclear Participant Form

Thank you for choosing Austraclear for your settlement and depository functions.

A reference guidance is available to assist you in completing the application forms. Should you have any questions whilst completing this form please do not hesitate to call Customer Readiness on **1300 735 713** alternatively you can refer to the *ASX Austraclear* section of the ASX website (www2.asx.com.au) for additional information. If completing this application form by hand, please ensure **BLACK** ink and **CAPITALS** are used throughout.

Important

The completed Application Form and any additional forms and documents can be submitted to ASX via ASX Online. If you require assistance please contact ASX Customer Readiness using the details below.

Please note that Austraclear cannot process an incomplete application.

Applicants must take reasonable steps to ensure applications are submitted with a completed and signed Application Form, together with any required additional forms and documentation requested. Please use the checklist provided on the back of this page to assist this process.

ASX Contacts

For more information about your application, please contact ASX Customer Readiness by calling **1300 735 713** (**+61 2 8298 8249 International**) or emailing **participants@asx.com.au**

Useful Websites

[ASX Website](https://www2.asx.com.au) <https://www2.asx.com.au>

[ASXOnline](https://asxonline.com/) <https://asxonline.com/>

APPLICANT CHECKLIST

	FULL PARTICIPANT	ASSOCIATE PARTICIPANT	SPECIAL PURPOSE PARTICIPANT	PUBLIC TRUST PARTICIPANT
Section 1 - Participant Details Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participant Application Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Description – Objectives for using Austraclear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant's Group Structure Chart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audited Financial Statements/Annual Reports for the most recent financial year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notification of Authorised Signatories Form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct Debit Request (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deed of Consent for Use of Nominated Account (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating Bank Nominated Account Confirmation Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATCA form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A copy of Certificate of Registration or Incorporation (including any subsequent name changes).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A copy of Australian Financial Services Licence (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A copy of any guarantee given by the Applicant's parent company (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copies of Austraclear Education Certificates for each System User.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Solicitor's Representation Letter (see Regulation 2.6 for further information).				<input type="checkbox"/>
A letter confirming the Establishment of the Trust.				<input type="checkbox"/>
Email from applicants director(s), company secretary, or legal department (cc'ing any of the aforementioned) attesting that they are a member, or have applied to become a member of the Australian Energy Market Operator (AEMO) (if applicable).			<input type="checkbox"/>	

ADDITIONAL INFORMATION REQUIRED FROM FOREIGN APPLICANTS

Letter confirming appointment of Agent. The letter must satisfy the language and underlying intent of Regulation 2.5(b)(iv).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where incorporated in overseas jurisdiction, copies of the relevant incorporation documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If carrying on business in Australia, a copy of Certificate of Registration as a Foreign Company.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If undertaking transactions other than "Cash", provided advice you meet the requirements of either an "Australian Residency" or "Permanent Establishment".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARTICIPANT DETAILS FORM

Section 1 – Applicant Information

All Sections are to be completed unless otherwise specified

NO.	REQUIREMENT	APPLICANT RESPONSE																								
1A	Participant Details																									
1.A.1	Full legal name																									
1.A.2	Country of incorporation																									
1.A.3	Resident of Australia	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
1.A.4	US Entity <i>A US Entity means a participant that is organised or resident in the United States of America, based upon the location of its executive office or principal place of business, including without limitation:</i> a) a U.S bank (as defined by Section 3(a)(6) of the Securities Exchange Act of 1934 (U.S.)); or b) an Australian or other foreign branch of a U.S bank or U.S registered broker-dealer	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
1.A.5	ABN ACN / ARBN (if any)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																								
1.A.6	Address of registered office																									
1.A.7	Address of principal place of business (specify if same as 1.A.6)																									
1.A.8	Postal address (specify if same as 1.A.6 or 1.A.7)																									
1.A.9	Principal contact for all communications	Name: Title: Telephone: Email:																								
1B	Participant Class (Regulation 2.1)																									
1.B.1	Only select 1 of the next 4 participant classes:	<input type="checkbox"/> Full Participant <input type="checkbox"/> Associate Participant <input type="checkbox"/> Public Trust Participant <input type="checkbox"/> Special Purpose Participant																								

NO.	REQUIREMENT	APPLICANT RESPONSE
1C System Participant Type (Functional Categories)		
1.C.1	Select the required System Participant Types	Select all applicable options: <ul style="list-style-type: none"> <input type="checkbox"/> Issuer <input type="checkbox"/> Registrar <input type="checkbox"/> Cash Provider <input type="checkbox"/> Issuer Representative <input type="checkbox"/> Not Applicable (N/A)
1D Issuer Securities		
1.D.1	<p>Only complete this question if <u>Issuer Representative</u> has been selected in 1.C.1 – System Participant Type. Otherwise proceed to 1E.</p> <p>Nominate the instruments issued.</p>	Select all applicable options: <ul style="list-style-type: none"> <input type="checkbox"/> Fixed Income Securities (FIS) <input type="checkbox"/> Discount Securities (DSS) - If selected, indicate below which types are applicable: <ul style="list-style-type: none"> <input type="checkbox"/> Electronic Bank Accepted Bill of Exchange (EBA) <input type="checkbox"/> Electronic Certificate of Deposit (ECD) <input type="checkbox"/> Electronic Promissory Note (EPN)
1E Access Type		
1.E.1	Connection to Austraclear will be via:	Select all applicable options: <ul style="list-style-type: none"> <input type="checkbox"/> ANNI Network (ASX Net) <input type="checkbox"/> Swift Network <input type="checkbox"/> SAFE (formerly HOST to HOST Lite) <input type="checkbox"/> No STP will be used <input type="checkbox"/> Internet <input type="checkbox"/> PROXY – Used where access is to be undertaken by another Participant (Proceed to Section 1H)

NO.	REQUIREMENT	APPLICANT RESPONSE
1F	System User Administration & Digital Certificates	

Administrator and User details must be provided for EACH Austraclear user. Applicants using a proxy are not required to complete this section unless they also wish to appoint their own Administrators and Users.

If additional users are required, please attach a separate listing, including First & Last Names, Email and Phone number for each additional user.

1st Password Administrator		2nd Password Administrator	
1.F.1	First Name:		First Name:
1.F.2	Last Name:		Last Name:
1.F.3	Email:		Email:
1.F.4	Phone Number:		Phone Number:
User 1		User 2	
1.F.5	First Name:		First Name:
1.F.6	Last Name:		Last Name:
1.F.7	Email:		Email:
1.F.8	Phone Number:		Phone Number:
User 3		User 4	
1.F.9	First Name:		First Name:
1.F.10	Last Name:		Last Name:
1.F.11	Email:		Email:
1.F.12	Phone Number:		Phone Number:
User 5		User 6	
1.F.13	First Name:		First Name:
1.F.14	Last Name:		Last Name:
1.F.15	Email:		Email:
1.F.16	Phone Number:		Phone Number:

NO.	REQUIREMENT	APPLICANT RESPONSE
1G	SecurID Token Registration	

Section 1G is to be completed by applicants accessing the Austraclear System via an Internet connection.

SecurID Tokens for each Administrator & User identified in Section 1F are to be sent to the following address (**PO Box addresses will not be accepted**):

1.G.1	Contact Name	
1.G.2	Phone Number	
1.G.3	Address	
1.G.4	City	
1.G.5	State	
1.G.6	Post Code	

1H	System Proxies
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This section should be completed by all applicants who wish to delegate access to other Sub-Participants. If a proxy is not being used proceed to section 1I.

SYSTEM PROXY_1

1.H.1	Grant Services to:	Sub-Participant Name: Sub-Participant Code (Proxy Agent):
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If proxy roles are required please indicate which roles are required for each product below:

1.H.2	Participant Maintenance	Select all applicable options: <input type="checkbox"/> SSI <input type="checkbox"/> Sub Account <input type="checkbox"/> Participant Details <input type="checkbox"/> Authorisation
1.H.3	Pledge	Select all applicable options: <input type="checkbox"/> Enquiry <input type="checkbox"/> Initiate <input type="checkbox"/> Authorisation
1.H.4	Reporting	<input type="checkbox"/>
1.H.5	Bill Delivery	<input type="checkbox"/>

NO.	REQUIREMENT	APPLICANT RESPONSE																					
1.H.6	Services	<table border="1"> <thead> <tr> <th></th> <th>Trade Entry Functions/Enquire</th> <th>Authorisation Functions/Enquire</th> </tr> </thead> <tbody> <tr> <td><i>Cash</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>DSS</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>FIS</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>Market Repos</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>RBA Repos</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>FX</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Trade Entry Functions/Enquire	Authorisation Functions/Enquire	<i>Cash</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>DSS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>FIS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Market Repos</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>RBA Repos</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>FX</i>	<input type="checkbox"/>	<input type="checkbox"/>
	Trade Entry Functions/Enquire	Authorisation Functions/Enquire																					
<i>Cash</i>	<input type="checkbox"/>	<input type="checkbox"/>																					
<i>DSS</i>	<input type="checkbox"/>	<input type="checkbox"/>																					
<i>FIS</i>	<input type="checkbox"/>	<input type="checkbox"/>																					
<i>Market Repos</i>	<input type="checkbox"/>	<input type="checkbox"/>																					
<i>RBA Repos</i>	<input type="checkbox"/>	<input type="checkbox"/>																					
<i>FX</i>	<input type="checkbox"/>	<input type="checkbox"/>																					

Complete the sections below only if you wish to elect more than one proxy, otherwise proceed to section 11.

SYSTEM PROXY_2

1.H.7	Grant Services to:	Sub-Participant Name: Sub-Participant Code (Proxy Agent):
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If proxy roles are required please indicate which roles are required for each product below:

1.H.8	Participant Maintenance	Select all applicable options: <input type="checkbox"/> SSI <input type="checkbox"/> Sub Account <input type="checkbox"/> Participant Details <input type="checkbox"/> Authorisation																					
1.H.9	Pledge	Select all applicable options: <input type="checkbox"/> Enquiry <input type="checkbox"/> Initiate <input type="checkbox"/> Authorisation																					
1.H.10	Reporting	<input type="checkbox"/>																					
1.H.11	Bill Delivery	<input type="checkbox"/>																					
1.H.12	Services	<table border="1"> <thead> <tr> <th></th> <th>Trade Entry Functions/Enquire</th> <th>Authorisation Functions/Enquire</th> </tr> </thead> <tbody> <tr> <td><i>Cash</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>DSS</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>FIS</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>Market Repos</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>RBA Repos</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>FX</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Trade Entry Functions/Enquire	Authorisation Functions/Enquire	<i>Cash</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>DSS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>FIS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Market Repos</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>RBA Repos</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>FX</i>	<input type="checkbox"/>	<input type="checkbox"/>
	Trade Entry Functions/Enquire	Authorisation Functions/Enquire																					
<i>Cash</i>	<input type="checkbox"/>	<input type="checkbox"/>																					
<i>DSS</i>	<input type="checkbox"/>	<input type="checkbox"/>																					
<i>FIS</i>	<input type="checkbox"/>	<input type="checkbox"/>																					
<i>Market Repos</i>	<input type="checkbox"/>	<input type="checkbox"/>																					
<i>RBA Repos</i>	<input type="checkbox"/>	<input type="checkbox"/>																					
<i>FX</i>	<input type="checkbox"/>	<input type="checkbox"/>																					

NO.	REQUIREMENT	APPLICANT RESPONSE
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SYSTEM PROXY_3

1.H.13 Grant Services to:	Sub-Participant Name: Sub-Participant Code (Proxy Agent):
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If proxy roles are required please indicate which roles are required for each product below:

1.H.14 Participant Maintenance	Select all applicable options: <input type="checkbox"/> SSI <input type="checkbox"/> Sub Account <input type="checkbox"/> Participant Details <input type="checkbox"/> Authorisation																					
1.H.15 Pledge	Select all applicable options: <input type="checkbox"/> Enquiry <input type="checkbox"/> Initiate <input type="checkbox"/> Authorisation																					
1.H.16 Reporting	<input type="checkbox"/>																					
1.H.17 Bill Delivery	<input type="checkbox"/>																					
1.H.18 Services	<table border="1"> <thead> <tr> <th></th> <th>Trade Entry Functions/Enquire</th> <th>Authorisation Functions/Enquire</th> </tr> </thead> <tbody> <tr> <td><i>Cash</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>DSS</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>FIS</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>Market Repos</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>RBA Repos</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>FX</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Trade Entry Functions/Enquire	Authorisation Functions/Enquire	<i>Cash</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>DSS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>FIS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Market Repos</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>RBA Repos</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>FX</i>	<input type="checkbox"/>	<input type="checkbox"/>
	Trade Entry Functions/Enquire	Authorisation Functions/Enquire																				
<i>Cash</i>	<input type="checkbox"/>	<input type="checkbox"/>																				
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<i>FIS</i>	<input type="checkbox"/>	<input type="checkbox"/>																				
<i>Market Repos</i>	<input type="checkbox"/>	<input type="checkbox"/>																				
<i>RBA Repos</i>	<input type="checkbox"/>	<input type="checkbox"/>																				
<i>FX</i>	<input type="checkbox"/>	<input type="checkbox"/>																				

NO.	REQUIREMENT AND APPLICANT RESPONSE
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11	System Authorisation Policy
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1.1.1 Many user actions in Austraclear can be flagged for authorisation if required which allows the applicant to request that authorisation by an additional user is required for transactions to proceed. Please indicate which actions you require a second user to authorise for a transaction to process. Please note these fields are optional. The Participant Authorisation column can be completed by all applicants. The Proxy Authorisation column is only applicable to applicants who have selected connectivity to Austraclear via a Proxy.

	User Action	Participant Authorisation	Proxy Authorisation
Administration	Create / Modify User	<input type="checkbox"/>	<input type="checkbox"/>
	Modify Sub Participant	<input type="checkbox"/>	<input type="checkbox"/>
	Create / Modify Sub Accounts	<input type="checkbox"/>	<input type="checkbox"/>
Cash	Cash Trades	<input type="checkbox"/>	<input type="checkbox"/>
Discount Security	Create/Modify Series	<input type="checkbox"/>	<input type="checkbox"/>
	DSS Trade manually entered	<input type="checkbox"/>	<input type="checkbox"/>
	DSS Trade entered by swift	<input type="checkbox"/>	<input type="checkbox"/>
Fixed Interest	FIS Trade manually entered	<input type="checkbox"/>	<input type="checkbox"/>
	FIS Trade entered by swift	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Exchange	FX Trade	<input type="checkbox"/>	<input type="checkbox"/>
Pledges	Create Pledge	<input type="checkbox"/>	<input type="checkbox"/>
	Accept Pledge	<input type="checkbox"/>	<input type="checkbox"/>
	Modify Pledge	<input type="checkbox"/>	<input type="checkbox"/>
	Release Pledge	<input type="checkbox"/>	<input type="checkbox"/>
	Substitute Pledge	<input type="checkbox"/>	<input type="checkbox"/>
Holdings	Accept Bulk Transfer Holding	<input type="checkbox"/>	<input type="checkbox"/>
	Bulk Transfer Holding	<input type="checkbox"/>	<input type="checkbox"/>
	Transfer Holding To Sub Account	<input type="checkbox"/>	<input type="checkbox"/>
Discount Security Repos	DSS Repo	<input type="checkbox"/>	<input type="checkbox"/>
Fixed Interest Repos	FIS Repo	<input type="checkbox"/>	<input type="checkbox"/>
RBA Repos	Create RBA Repo Trade	<input type="checkbox"/>	<input type="checkbox"/>
	Reverse RBA Repo Trade	<input type="checkbox"/>	<input type="checkbox"/>
ASX Clear / ASX Clear (Futures)	Confirm Cash Transfer	<input type="checkbox"/>	<input type="checkbox"/>
ASX Clear (Futures) 90 Day Bank Bill Delivery	Create Bill Nominations	<input type="checkbox"/>	<input type="checkbox"/>

NO.	REQUIREMENT AND APPLICANT RESPONSE
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1J	Business Continuity Survey
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[Guidance Note 10 Business Continuity and Disaster Recovery \(GN10\)](#) is published by ASX to assist applicants and participants to understand the business continuity and disaster recovery arrangements they should have in place to meet their obligations under the Austraclear Regulations. The entity completing this survey must review GN10 and benchmark their business continuity and disaster recovery arrangements with GN10 prior to submitting the completed survey.

Survey Instructions

In this survey, you, and your, refers to the entity completing the survey being the applicant or the proxy (as applicable)

APPLICANTS CONNECTING TO AUSTRACLEAR VIA PROXY:

Where an applicant is connecting to Austraclear via proxy, this survey must be completed by the proxy. The applicant must provide the blank survey to their proxy for completion. In all other cases, this survey must be completed by the applicant.

If this survey is being completed by a proxy, please state the proxy name and proxy mnemonic.	Proxy name:	
	Proxy mnemonic:	

Where a proxy completes this survey, this must also include the 'Proxy Execution' section.

Arrangements for Special Purpose (Cash Only) Participants/Applicants (GN10 Section 1) All other applicants proceed to Question 3	Austraclear Use Only
<p>1. SPECIAL PURPOSE (CASH TRANSACTIONS) PARTICIPANTS/APPLICANTS ONLY – NON-PROXY</p> <p>Please confirm that you have established and documented a business continuity plan which seeks to ensure that your Austraclear operations can be recovered and resumed following a disruption to your Austraclear connection within a recovery time objective approved by an appropriate senior management body.</p> <p><input type="checkbox"/> Confirmed</p> <p>ASX may request further information specific to these business continuity arrangements. <i>Please proceed to Section 1K.</i></p>	
<p>2. SPECIAL PURPOSE (CASH TRANSACTIONS) PARTICIPANTS/APPLICANTS ONLY – PROXY</p> <p>Please confirm the number of entities (excluding this applicant) for which you currently act as proxy:</p> <p><input type="checkbox"/> Less than 10</p> <p>Please confirm that you have established and documented a business continuity plan which seeks to ensure that your Austraclear operations can be recovered and resumed following a disruption to your Austraclear connection within a recovery time objective approved by an appropriate senior management body.</p> <p><input type="checkbox"/> Confirmed</p> <p>ASX may request further information specific to these business continuity arrangements. <i>Please complete the 'Proxy execution' section at the end of this survey.</i></p>	

NO.	REQUIREMENT AND APPLICANT RESPONSE
	<input type="checkbox"/> More than 10 <i>Proxies acting for more than 10 participants are deemed a Tier 1 participant for the purposes of GN10 and must complete the remaining questions in this survey. Please proceed to Question 3.</i>
Tier Classification (GN10 Section 2)	
3.	Please indicate the tier in which you consider you will fall for the purposes of Section 2 of GN10: <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2
4.	How many transactions (on average) do you intend to process through the Austraclear system? <i>For proxies, this includes the total number of transactions for this applicant and all entities for which it currently acts as proxy.</i> _____ per day / month / year (delete as appropriate) Approximate value: AUD\$ _____ per day / month / year (delete as appropriate)
Nominated Officer ('nominated business continuity officer') and core personnel (GN10 Key Requirement 4.1)	
5.	Please confirm the number of personnel (core personnel) who will be given access to the Austraclear system to recover and resume Austraclear operations under your disaster recovery and business continuity arrangements: _____
6.	Please confirm that a nominated business continuity officer has been selected who: <ul style="list-style-type: none"> a) will be allocated overall responsibility for your disaster recovery and business continuity arrangements; and b) meets the criteria, and will fulfil those responsibilities, specified for the nominated business continuity officer under GN10 Key Requirement 4.1. Note: When initiating contact with a participant regarding disaster recovery and business continuity arrangements, representatives of Austraclear would in the first instance contact the participant's authorised signatory (or signatories) to confirm the identity of the nominated business continuity officer. Subsequent discussions regarding business continuity and disaster recovery arrangements would then be held between representatives of Austraclear and the nominated business continuity officer. <input type="checkbox"/> Confirmed
Infrastructure diagrams (GN10 Key Requirement 4.2)	
7.	Please confirm that one (or more) high level infrastructure diagram(s) has been created which represents the current state of the technology and communications infrastructure used / to be used to conduct Austraclear operations, in accordance with GN10 Key Requirement 4.2. Please note that ASX may request a copy of the infrastructure diagram during the application review process. <input type="checkbox"/> Confirmed

NO.	REQUIREMENT AND APPLICANT RESPONSE	
System and technology records (GN10 Key Requirement 4.3)		
8.	<p>If you are using, or intend to use, other systems to connect to the Austraclear system, please confirm that:</p> <ul style="list-style-type: none"> a) you will hold, and maintain, proper records of those key systems and technology in accordance with GN10 Key Requirement 4.3, and b) those records and supporting documentation will be available to provide to Austraclear upon request. <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not applicable</p>	
Replacement Policy (GN10 Key Requirement 4.4)		
9.	<p>TIER 1 PARTICIPANTS/APPLICANTS ONLY –</p> <p>Please confirm that you have a clearly defined system and technology replacement policy which includes a process to identify when assets are nearing their end of life.</p> <p><input type="checkbox"/> Confirmed</p>	
Business Continuity Plan (GN10 Key Requirement 4.5)		
10.	<p>Please confirm that you have, or will establish, a documented business continuity plan (BCP) based on a business impact analysis that will cover the range of potential disruption scenarios relevant to your tier classification (per GN10 Key Requirement 4.5).</p> <p><input type="checkbox"/> Confirmed</p>	
11.	<p>Please confirm that the BCP has been, or will be, signed off by the nominated business continuity officer and approved by the appropriate senior management body.</p> <p><input type="checkbox"/> Confirmed</p>	
Recovery Time Objective (GN10 Key Requirement 4.6)		
12.	<p>What is the recovery time objective (RTO) following the initiation of your BCP?</p> <p>_____ Hours for resumption of critical Austraclear operations</p> <p>_____ Hours for resumption of business-as-usual Austraclear operations</p> <p>If your RTO is greater than the times specified in Key Requirement 4.6 of GN10, please answer Q13, otherwise please proceed to Q14.</p>	
13.	<p>Confirm that you will align your RTO with Key Requirement 4.6 within 3 months of being admitted as an Austraclear participant.</p> <p><input type="checkbox"/> Confirmed</p>	
System Resilience (GN10 Key Requirement 4.7)		
14.	<p>Are your system resilience measures aligned with all requirements listed for your tier classification in GN10 Key Requirement 4.7?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>If No, confirm that you will align your system resilience with GN10 Key Requirement 4.7 within 3 months of being admitted as an Austraclear participant.</p> <p><input type="checkbox"/> Confirmed</p>	

NO.	REQUIREMENT AND APPLICANT RESPONSE
15.	<p>Primary Site</p> <p>Provide the full address of each primary site at which you will be conducting Austraclear operations and confirm whether the site houses Austraclear technology (e.g. infrastructure) and/or personnel:</p> <p>Primary Site 1 – Technology <input type="checkbox"/> Personnel <input type="checkbox"/></p> <p>Address:</p> <hr/> <hr/> <p>Primary Site 2 – Technology <input type="checkbox"/> Personnel <input type="checkbox"/></p> <p>Address:</p> <hr/> <hr/>
16.	<p>Alternate Site</p> <p>Provide the full address of each alternate site* at which you will be conducting Austraclear operations and confirm whether the site houses Austraclear technology (e.g. infrastructure) and/or personnel.</p> <p><i>* Tier 1 applicants are required to have an alternate site. Refer to GN10 for more information.</i></p> <p>Alternate Site 1 – Technology <input type="checkbox"/> Personnel <input type="checkbox"/></p> <p>Address:</p> <hr/> <hr/> <p>Alternate Site 2 – Technology <input type="checkbox"/> Personnel <input type="checkbox"/></p> <p>Address:</p> <hr/> <hr/>
17.	<p>For participants/applicants that do <i>not</i> have a designated alternate site for core personnel:</p> <p>Please confirm that there will be arrangements in place for core personnel to facilitate access to the Austraclear system from an alternate location with an independent internet connection (e.g. from a staff member’s home or any location other than the primary site).</p> <p><input type="checkbox"/> Confirmed – Please proceed to Question 19</p> <p><input type="checkbox"/> Unable to confirm – Please proceed to Question 18</p>

NO.	REQUIREMENT AND APPLICANT RESPONSE
18.	<p>Please describe the business continuity arrangements you have, or will have, in place to ensure that core personnel can resume Austraclear operations within the RTO stated in your BCP following a disruption affecting your primary site(s):</p>
19.	<p>Please confirm that your alternate arrangements include the issue of the following to core personnel:</p> <p>a) Back-up digital access certificates <input type="checkbox"/> Confirmed</p> <p>b) SecurID tokens <input type="checkbox"/> Confirmed</p> <p>If you are unable to confirm one or more of the above, please provide details of your arrangements:</p>
Incident Management Plan and Incident Management records (GN10 Key Requirement 4.8 and 4.9)	
20.	<p>TIER 1 PARTICIPANTS/APPLICANTS ONLY –</p> <p>Please confirm you have, or will develop, a clearly defined Incident Management Plan which meets GN10 Key Requirement 4.8:</p> <p><input type="checkbox"/> Confirmed</p>
21.	<p>TIER 1 PARTICIPANTS/APPLICANTS ONLY –</p> <p>Please confirm you will maintain proper records of disruptions impacting your Austraclear operations including, at a minimum, information outlined in GN10 Key Requirement 4.9, and that these records will be available to provide to Austraclear on request.</p> <p><input type="checkbox"/> Confirmed</p>
22.	<p>TIER 2 PARTICIPANTS/APPLICANTS ONLY</p> <p>Please confirm you will maintain an up-to-date contact list for key parties that can be used in case of a disruption event (per GN10 Key Requirement 4.8)</p> <p><input type="checkbox"/> Confirmed</p>
BCP Testing (GN10 Key Requirement 4.10)	
23.	<p>Please confirm that you will be conducting business continuity testing of your disaster recovery and business continuity arrangements:</p> <p>1) at least once annually; and</p> <p>2) as soon as practicable following any material change to your business or your disaster recovery and business continuity arrangements; or</p> <p>3) as notified by Austraclear.</p> <p><input type="checkbox"/> Confirmed</p>

NO.	REQUIREMENT AND APPLICANT RESPONSE
24.	Please confirm that your test regimen will cover the minimum requirements according to your tier classification as outlined in GN10 Key Requirement 4.10. <input type="checkbox"/> Confirmed
Outsourced operations (GN10 Key Requirement 4.11)	
25.	Will you be outsourcing any part of your Austraclear operations to a third party? <input type="checkbox"/> Yes - Please proceed to Question 26 <input type="checkbox"/> No - Please proceed to Question 28
26.	In the space provided, please provide details of the outsourced activity, including: <ul style="list-style-type: none"> • the name of the service provider • the activities being outsourced • the location of the outsourced activities
27.	Please confirm that you have a service level agreement with each outsourced service provider to ensure that their business continuity arrangements are appropriate and complementary to your business arrangements, and that they are sufficient to enable you to meet the RTO stated in your BCP. <input type="checkbox"/> Confirmed
Change management (GN10 Key Requirement 4.12)	
28.	Please confirm that (in accordance with GN10 Key Requirement 4.12) you have developed, and will comply with, change management policies and procedures that are designed and function effectively to ensure that changes to your Austraclear operations are thoroughly assessed, tested and authorised, and appropriate disaster recovery and roll-back arrangements are in place, before being implemented. <input type="checkbox"/> Confirmed

NO.	REQUIREMENT AND APPLICANT RESPONSE	
Notification requirements (GN10 Key Requirements 4.13)		
29.	Please confirm that the notification requirements specified under GN10 Key Requirement 4.13 have been incorporated within your BCP and supporting material. <input type="checkbox"/> Confirmed	
Independent review (GN10 Key Requirement 4.14)		
30.	Please confirm that you will consider conducting a periodic independent review of your disaster recovery and business continuity arrangements in accordance with GN10 Key Requirement 4.14. <input type="checkbox"/> Confirmed	
Proxy Execution		
<p>Where an applicant is connecting to Austraclear via proxy, this survey must be executed by the proxy in accordance with the Execution Instructions below. In all other cases, execution of this survey is not required by the applicant.</p>		
<hr/>		
Signature		
<hr/>		
Name and office / capacity		
<hr/>		
Date		
<div style="border: 1px solid black; padding: 5px;"> <p>EXECUTION INSTRUCTIONS</p> <p>Execution must be by a nominated officer (nominated business continuity officer) who:</p> <ul style="list-style-type: none"> • is a senior member of the proxy's management team with the appropriate delegated authority and the requisite qualifications, skills and experience to understand and validate the design and performance of the proxy's disaster recovery and business continuity arrangements; • is authorised to execute this document on behalf of the proxy and for the benefit of the applicant; and • is responsible for overseeing the proxy's disaster recovery and business continuity arrangements and ensuring they meet ASX's requirements under Austraclear Guidance Note 10. </div>		
<p>Applicants that have provided the survey to a proxy are advised that the survey forms part of the Participant Details Form relating to an application for participant status under the Austraclear Regulations. Accordingly, an applicant must validate that the information provided by the proxy is complete and accurate prior to the applicant executing the Participant Application Form.</p>		

NO.	REQUIREMENT AND APPLICANT RESPONSE
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1K	Participating Bank Nominated Account & Nominated Account Confirmation Letter (Regulation 3.5 & 13.2)
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1.K.1	<p>Austraclear requires confirmation from the Applicant’s Participating Bank that its Nominated Account details are correct and available for use by the applicant in relation to Austraclear transactions.</p> <p>This is done by applicants submitting Supplementary Form 1 - Participating Bank Nominated Account Confirmation Letter to its Participating Bank’s relationship manager for execution PRIOR TO Austraclear accepting an Applicants nominated account details.</p> <p><u>The Nominated Account(s) must be in the name of the applicant with the account name matching the applicant’s legal name.</u></p> <p>An applicant may choose to nominate an account in the name of another Participant. In this case the applicant and the Nominated Bank Account owner must provide a Deed of Consent for Use of Nominated Account (Supplementary Form 4).</p>	<input type="checkbox"/> Tick to confirm the Participating Bank Nominated Account Confirmation Letter has been provided.
-------	--	--

Nominated Bank Account (Cash Record) for transactions (Mandatory)
--

Each applicant must establish at least one default bank account for transactions and maturities.

1.K.2	<p>Ensure that the executed nominated account confirmation (requested in section 1.K.1)) is received prior to completing this section</p>	<p>Account name: Currency: BSB Code: Account Number: Participating Bank Name: Bank Relationship Manager (if applicable):</p>
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Nominated Bank Account (Cash Record) for Maturities
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1.K.3	<p>Only complete if a separate Nominated Account is required for Maturities</p>	<p>Account name: Currency: BSB Code: Account Number: Participating Bank Name: Bank Relationship Manager (if applicable):</p>
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NO.	REQUIREMENT AND APPLICANT RESPONSE
Additional Nominated Bank Account (Optional)	
1.K.4	Account name: Currency: BSB Code: Account Number: Participating Bank Name: Bank Relationship Manager (if applicable):
Additional Nominated Bank Account (Optional)	
1.K.5	Account name: Currency: BSB Code: Account Number: Participating Bank Name: Bank Relationship Manager (if applicable):

NO.	REQUIREMENT AND APPLICANT RESPONSE																																										
1L	Billing (Regulation 3.2)																																										
1.L.1	Full legal name																																										
1.L.2	ABN ACN / ARBN (if any) <table border="1" data-bbox="758 454 1321 533"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																										
1.L.3	<p>Select one payment option from the options</p> <p><i>Note – an annual fee will be charged to for all participants who do not use a direct debit facility. Please consult Participants Transitions for the latest fee schedules.</i></p> <p><input type="checkbox"/> Direct Debit Facility -Complete a Direct Debit Request Form (Supplementary Form 3)</p> <p><input type="checkbox"/> Electronic Funds Transfer (EFT) – the following details are to be used:</p> <p>Bank: ANZ. Account name: Austraclear Limited BSB: 012 055 A/C No: 835795462 Swift Code (overseas customers) ANZBAU3M</p> <p>Specify customer and invoice number as detailed in the banks fund transfer reference field and send remittance to ar@asx.com.au; or Fax (612) 9227-0553.</p> <p><input type="checkbox"/> Cheque - – the following details are to be used: Cheques must be made payable to Austraclear Limited and be drawn from an Australian Bank in Australian Dollars.</p> <p>Mail cheques together with remittance advice to PO Box H224 Australia Square NSW 1215.</p> <p>**FOR OVERSEAS PARTICIPANTS: Austraclear does not accept foreign cheques. Please pay via wire transfer using above EFT Details. **</p> <p><input type="checkbox"/> Use of the cash transfer facility via Cash Trade within Austraclear– the following details are to be used:</p> <p>Payments can be made via the Exigo system using ACLR25.</p> <p>Email remittance to ar@asx.com.au</p>																																										

NO.	REQUIREMENT AND APPLICANT RESPONSE
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Please nominate a contact for billing purposes. A Tax Invoice, detailing fees and charges will be forwarded to this contact/address.

1.L.4 Contact Person	
1.L.5 Address Line 1	
1.L.6 Address Line 2	
1.L.7 City:	Postal Code:
1.L.8 State:	Country:
1.L.9 Telephone:	Fax Number:
1.L.10 Email:	

1M Authorised Signatories (Regulation 3.3)
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All applicants are required to submit a [Notification of Authorised Signatories Form](#) (Supplementary Form 2)

NO.	REQUIREMENT AND APPLICANT RESPONSE
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1N	Audit Certificate Request Form
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The data which will be supplied by ASX will be as-at-the LAST business day of the selected month. Details regarding Certificate Types can be located in the [Austraclear Participant User Guide](#).

Certificate to be sent to:

1.N.1 Full legal name

Address Line 1

Address Line 2

City:

Postal Code:

State:

Country:

Email

Certificate Type	Required	Month/Year	Comments
Discount Security (DSS) Pledge	<input type="checkbox"/>		
Fixed Interest (FIS) Pledge	<input type="checkbox"/>		
Discount Security (DSS) Portfolio	<input type="checkbox"/>		
Fixed Interest (FIS) Portfolio	<input type="checkbox"/>		
Foreign Exchange (FX) Portfolio	<input type="checkbox"/>		
Discount Securities (DSS) on Issue	<input type="checkbox"/>		
Fixed Interest (FIS) Securities on Issue	<input type="checkbox"/>		
Exchange Settlement Advice (ESA)	<input type="checkbox"/>		
External Auditors Annual Report	<input type="checkbox"/>		

Audit Certificate Group Distribution Details

Company Name	Contact Name	Group Email Address

Please refer to the ASX Schedule of Fees and Charges for each Audit Certificate: [ASX Fees & Charges](#)

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PARTICIPANT APPLICATION FORM

The company completing the Participant Details Form (the Applicant) hereby applies for Participant status of the Austraclear System and agrees that if such application be accepted then subject to and in consideration of such acceptance:

(Capitalised definitions used in this form are defined in the Austraclear Regulations)

- (a) Acknowledges that this application is upon the terms of, and subject to the Austraclear Regulations (the “Regulations”) as varied from time to time;
- (b) Represents and warrants to Austraclear Limited (“Austraclear”) that the information the applicant has provided or will provide to Austraclear which includes any annexure, (as the case may be) in connection with this application is true and correct;
- (c) Acknowledges that Austraclear relies on the information provided in considering this application and acknowledges that any wilful omission or misstatement on a material point in or in connection with this application may lead to rejection of the application or, if the application is approved, subsequent suspension or termination of the applicant's status as a Participant;
- (d) Indemnifies Austraclear and its related bodies corporate and their respective Employees to the fullest extent permitted by law in respect of any claim, action or expense arising from, or connected with, any breach of this agreement by the applicant or resulting from reliance on the information contained in this application;
- (e) Consents to Austraclear obtaining any additional information it considers relevant to this Applicant or application (including personal, credit, credit worthiness or other information) from an investigative agency, a credit agency, or any other source as permitted by law in Australia or elsewhere and acknowledges that this application authorises such a source to release information to Austraclear and its related bodies corporate;
- (f) Represents and warrants that the applicant is aware of and understands the Regulations and the applicant is aware of and understands the provisions of the Corporations Act as it relates to the business of the applicant as an Austraclear Participant;
- (g) Undertakes to Austraclear to comply with the Regulations as in force from time to time, even if the status of the participant is suspended;
- (h) Agrees that Austraclear may make available to the relevant Appeals Tribunal the reasons for its decision in the event that Austraclear rejects this application, or approves this application and subsequently action is taken against the applicant in respect of which there is a right of appeal to the Appeals Tribunal and it authorises the Appeals Tribunal to make available to Austraclear the reasons for its decision if it rejects such an appeal;
- (i) Represents and warrants to Austraclear that the applicant has no reason to believe that any Employee or other person who is or will be involved in the business of the applicant in connection with Austraclear, or any person who has control or substantial control of the applicant, is not of good fame and character and high business integrity;
- (j) Represents and warrants to Austraclear that the applicant is of high business integrity;
- (k) Represents and warrants to Austraclear that it is not aware of anything that may impact on its ability to comply, as applicable, with its obligations as a foreign Participant under the rules and regulations of its own jurisdiction;

- (l) Undertakes to comply with terms and conditions as notified by Austraclear from time to time;
- (m) Represents and warrants to Austraclear that after due enquiry and to the best of its knowledge and belief, no events have occurred since the date of the Income Statement and Balance Sheet provided as part of this application:
- that are likely to result in a significant deterioration in the financial stability of the applicant,
 - that would prevent the applicant being able to meet its obligations as and when they fall due; and
 - that no material liabilities of a contingent nature have arisen, including those arising by reason of a guarantee or cross guarantee given by the applicant.
- (n) Represents and warrants to Austraclear that the applicant has developed processes and procedures that are reasonably designed and that when implemented will function, so as to achieve compliance by the applicant with the Regulations;
- (o) Represents and warrants to Austraclear that the applicant will continue to maintain such compliance measures that are appropriate for it to comply with its obligations under the Regulations;
- (p) Represents and warrants to Austraclear that:
- it has provided full details of any arrangement where any part of its proposed business as an Austraclear Participant will be located outside Australia (the "Overseas Activity");
 - that the applicant has obtained all necessary regulatory approvals from any relevant governmental agency or regulatory authority in Australia, and in their home jurisdiction, concerning the supervision of the Overseas Activity including, without limitation, Overseas Activity of a type which would result in Austraclear, without the prior written consent of Austraclear, becoming subject to the jurisdiction of any relevant governmental agency or authority outside Australia.
- (q) The applicant also declares that if the applicant:
- Is an individual, that he or she has power to carry on business as a Participant;
- Is a firm, the relationship of the partners is satisfactorily defined;
- Is a corporation, it has been and remains duly incorporated or registered as required in its place of incorporation or registration and, if it is incorporated outside Australia, it is registered as a foreign company in Australia (unless Austraclear is satisfied that it will not be carrying on business in Australia); and
- Is a corporation incorporated outside Australia, it has appointed the same person or entity as its Australian agent for service of process for the purpose of legal proceedings in connection with the Regulations as its agent for service of process for the purposes of legal proceedings under the Corporations Law (or, if Austraclear is satisfied that the Applicant will not be carrying on business in Australia, it has otherwise appointed an agent for service of process for the purpose of legal proceedings in connection with the Regulations).
- (r) This agreement is made with the intent that the benefit and obligations hereof may ensure not only to Austraclear Limited but also to the extent provided in the Austraclear Regulations to every other Participant and Participating Bank of the Austraclear System who has agreed to observe and comply with the Austraclear Regulations
- (s) The applicant will provide such other information and undertakings as Austraclear may require from time to time.



Executed in accordance with section 127(1) of the Corporations Act

----- Director	----- Director/Company Secretary
----- Name	----- Name
----- Date	----- Date

OR (if sole Director/Company Secretary)

Sole Director and Sole Company Secretary

Name

Date

OR (if signed by Power of Attorney)

Signed for and on behalf of

Applicant Name:

Applicant ABN / ACN / ARBN:

----- Name of signatory	----- Signature of signatory
----------------------------	---------------------------------

who is authorised by Power of Attorney
and who declares that he/she has at the time of
execution of this document no notice of its
revocation.

In the presence of:

----- Name of witness	----- Signature of witness
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Guidance Notes

This form must be signed by one of the methods below:

- 1. By a company under its Common Seal; or*
- 2. By two directors or one director and one company secretary of a company; or*
- 3. By the sole director of a single director proprietary company, pursuant to a declaration made and minuted by the director. In this case a certified copy of the declaration should be attached; or*
- 4. Under Power of Attorney. In this case the attorney should state that he has no notice of revocation of the Power of Attorney under which he is signing the application. The Power of Attorney should be enclosed for noting or a certified copy provided.*



Section 2 - Supplementary Forms

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1. PARTICIPATING BANK NOMINATED ACCOUNT CONFIRMATION LETTER

[Applicant Letterhead]

[Name of Participating Bank Relationship Manager]

[Participating Bank Address]

[Day/Month/Year]

Dear *[Name of Participating Bank Relationship Manager]*,

***[Austraclear Applicant Name]* Austraclear Application**

We, *[Austraclear Applicant Name]* (the “Applicant”), have applied for Participant Status of the Austraclear System (Austraclear). Under the Austraclear Regulations each Austraclear Participant is required to maintain a nominated bank account with an approved Participating Bank of Austraclear.

As *[name of Participating Bank]* is an approved Participating Bank of Austraclear, the Applicant has nominated the following bank account(s) held with *[Full Name of Nominated Bank]* to facilitate its participation in the Austraclear system:

NOMINATED ACCOUNT DETAILS

Applicant’s Name:

ABN:

BSB:

Account Number:

Account Name:

(add additional accounts as required)

As part of the Applicant’s Austraclear admission process, Austraclear requires confirmation from an authorised signatory of *[name of Participating Bank]* that the details of the above account nomination(s) are correct and acceptable for use with Austraclear.

Accordingly, please arrange for the appropriate authorised signatory from *[Full Name of Nominated Bank]* to execute this request where indicated below to confirm that the details of the nominated account(s) are correct and that *[Full Name of Nominated Bank]* is prepared to allow the Applicant to utilise the nominated account(s) for settlement of its Austraclear Transactions.

Please return the executed request to the Applicant at: *[details of Applicant’s email / mailing address]*

Yours sincerely,

[Signature]

[Applicant Authorised Signatory Name]

[Applicant Authorised Signatory Title]

Participating Bank Use Only

We are a Participating Bank of Austraclear and confirm that the nominated account details on this form are correct. We authorise the Applicant to utilise the nominated account(s) for settlement of its Austraclear Transactions.

Executed by Authorised Signatory (signature)

Signatory Name / Title

Executed by Participating Bank (stamp)

2. NOTIFICATION OF AUTHORISED SIGNATORIES (REGULATION 3.3)

TO AUSTRACLEAR LIMITED
 PO BOX H224
 AUSTRALIA SQUARE NSW 1215

Participant Code:
 Participant Name:
 ACN / ARBN (9/11 digits):
 Registered Office Address:
 State & Postcode:

The above mentioned Participant (the Participant) HEREBY AUTHORISES the persons on the **attached Schedule** in the name and on behalf of the Participant:

1. To execute, draw, make, pledge or indorse any bill of exchange, promissory note or any other document or instrument Deposited with the Austraclear System;
2. To have access to any record, print-out or account maintained by Austraclear relating to the Participant;
3. To enter into any arrangements with Austraclear required for the maintenance of the Participant's Security Record;
4. To give, sign or execute any authority, direction, notice, document, instrument or thing whatsoever required to be given, signed or executed by the Participant relating to the Participant's Security Record, any Securities or other instruments held by Austraclear or any Eurosecurities related to Euroentitlements of the Participant;
5. To give, sign or execute any authority, direction, instruction, notice, document, instrument or thing whatsoever required or permitted to be given by the Participant relating to the Participant's activities under the Austraclear Regulations;
6. To approve additional Authorised Signatories and revoke approval of Authorised Signatories.

(Amend the above list as applicable).

In terms of this authority, *** ANY ONE/ * ANY TWO**

authorised signatories may sign, which signatures **may/** may not be facsimile signatures. (***delete as applicable**)

This authority shall continue in full force and effect until Austraclear shall have received notification in writing from the Participant of the cancellation or amendment thereof in a form approved by Austraclear. A later notification by the Participant of Authorised Signatories shall automatically cancel any previous notification to the extent of any inconsistency.

SIGNATURE OF DIRECTOR / AUTHORISED SIGNATORY	NAME <i>(please print)</i>	DATE
1.		/ /
2.		/ /

AUSTRACLEAR USE ONLY	SIGNATURE	DATE
AUTHORISED SIGNATURE(S) VERIFIED BY:		/ /

Note:

This Notification is to be signed by one of the following methods:

(i) By the company under its common seal; or

(ii) By two directors or by one director and one company secretary; or

(iii) Under Power of Attorney. The Power of Attorney must authorise the approval of Authorised Signatories for the purposes of the Regulations governing this facility. The attorney should state that he has no notice of revocation of the Power of Attorney under which he is signing. The Power of Attorney should be enclosed for noting or a certified copy provided; or

*(iv) **For current participants only** by two previously approved and still current Authorised Signatories who have been appointed as Authorised Signatories for the purposes of the Regulations governing this facility and who, by the terms of their appointment, are authorised to approve additional Authorised Signatories and revoke approval of Authorised Signatories.*

SCHEDULE – (NOTIFICATION OF AUTHORISED SIGNATORIES)

FULL NAME OF AUTHORISED SIGNATORIES

SPECIMEN SIGNATURES

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Dated this _____ day of _____ 20 ____

FOR AND ON BEHALF OF _____
(Name of Participant)

SIGNATURE OF DIRECTOR / AUTHORISED SIGNATORY	NAME <i>(please print)</i>	DATE day/month/year
1.		/ /
2.		/ /

AUSTRACLEAR USE ONLY	SIGNATURE	DATE
AUTHORISED SIGNATURE(S) VERIFIED BY:		/ /

Notes

This Notification is to be signed by one of the methods below:

- (i) By a company under its Common Seal; or*
- (ii) By two directors or one director and one company secretary; or*
- (iii) Under Power of Attorney. The Power of Attorney must authorise the approval of Authorised Signatories for the purposes of the Regulations governing this facility. The attorney should state that he has no notice of revocation of the Power of Attorney under which he is signing. The Power of Attorney should be enclosed for noting or a certified copy provided; or*
- (iv) For current participants only by two previously approved and still current Authorised Signatories who have been appointed as Authorised Signatories for the purposes of the Regulations governing this facility and who, by the terms of their appointment, are authorised to approve additional Authorised Signatories and revoke approved of Authorised Signatories.*

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3. DIRECT DEBIT REQUEST

Participant's Authority:

I/We request you, Austraclear Limited (User ID Number 064186), to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS)

This authorisation is to remain in force in accordance with the terms described in the Direct Debit Request Service Agreement.

Customer's Details (please use BLOCK letters)										
Customer Number										
Customer Name										
Address										
Post Code				State						
Phone				Contact Name						
Email for remittances										
Details of the account to be debited (please use BLOCK letters)										
Account Name										
Financial Institution (Bank)										
Branch of Financial Institution										
BSB										
Account Number										
Details of amount to be debited (please use BLOCK letters)										
I/We request that you debit my/our account in accordance with our Agreement and subject to the following conditions:										
Commencing [immediately/on / /] (cross/delete one)										
You are authorised to debit the above account on the 21st of each month (or the following business day When the 21st of the month falls on a weekend or public holiday)										

AUTHORISED SIGNATORIES	NAME (please print)	DATE day/month/year
1.		/ /
2.		/ /

Direct Debit Request Service Agreement

This document outlines our service commitment to you, in respect of the Direct Debit Request arrangements made between ASX Limited (User ID Number 064186), and you. It sets out your rights, our commitment to you and your responsibilities to us.

Our commitment to you

- We will advise you by notice of the drawings.
- Where the due date falls on a non-business day, we will draw the amount on the next business day.
- We will provide written notice of any proposed changes to your drawing arrangement, providing no less than 14 days notice.
- We reserve the right to cancel the drawing arrangement if drawings are continually returned unpaid by your nominated financial institution. Where drawings are returned unpaid we will arrange with you an alternative payment method.
- We will keep all information provided by you and details of your nominated account at the financial institution private and confidential.
- We will deal promptly with any queries, claims or complaints regarding debits, providing a response within 10 business days.
- Where you consider that a drawing has been initiated incorrectly under this drawing arrangement you may take the matter up directly with us, or lodge a Direct Debit Claim through your nominated Financial Institution.
- You may stop, amend or defer your individual debit under the drawing arrangement by giving written notice either to us directly or to your nominated Financial Institution. Notice given to us should be received by us at least 14 business days prior to the due date.

Your commitment to us

- It is your responsibility to check with your financial institution, prior to completing the Direct Debit Request, that direct debiting is available on the nominated account.
- It is your responsibility to ensure that the authorisation given to draw on the nominated account is identical to the account signing instruction held by the Financial Institution where the account is based.
- It is your responsibility to ensure at all times, that sufficient funds are available in the nominated account to meet a drawing on the due date of payment.
- It is your responsibility to advise us if the account nominated by you to receive the drawings is altered, transferred or closed.
- It is your responsibility to arrange for a suitable alternate payment method if the drawings are stopped, either by you or the nominated financial institution.
- It is your responsibility to meet any charges resulting from the use of the Direct Debit System. This may include fees charged to us as a result of the returned drawings.

You may cancel the Direct Debit Arrangement at any time giving notice to us. We must receive such notice at least 14 business days prior to the due date. This can also be done via your financial institution.

All transaction disputes, queries and claims should be raised directly with us. We will provide you with a verbal or written response within 10 business days from the date of the notice. If the claim/dispute is successful, we will reimburse you by way of electronic credit to your nominated account

Other information

Any queries about this Direct Debit Request Services Agreement or a DDR, please contact Austraclear Limited's Finance Department on (02) 9227 0029 (telephone) or (02) 9227 0553 (facsimile).

4. DEED OF CONSENT FOR USE OF NOMINATED ACCOUNT

THIS DEED is made the day of 20

BETWEEN

AUSTRACLEAR LIMITED (ABN 94 002 060 773) of 20 Bridge Street Sydney NSW Australia ("**Austraclear**")

AND

[Name, ABN and address of Participant owning the Bank Account] ("**Participant 1**")

AND

[Name, ABN and address of other Participant using the Bank Account] ("**Participant 2**")

RECITALS

- A. Austraclear is the operator of the Austraclear System, a central securities depository for the recording and settlement of Transactions in debt Securities.
- B. The Austraclear Regulations require each Participant to have a Nominated Account, being a bank account with a Participating Bank.
- C. The Austraclear Regulations permit a Participant to use the Nominated Account of another Participant with the consent of that other Participant, such consent to be in the form prescribed by Austraclear.
- D. The Austraclear System records the movement of cash between the Cash Records of Participant and forwards instructions to the Participating Bank of each Participant for settlement between Participating Banks through RITS.
- E. Participant 1 is the owner of a Nominated Account and wishes to authorise Participant 2 to use that account as its Nominated Account and further wishes to indemnify Austraclear and all other Participants, other than Participant 2, in relation to such use.

THE PARTIES AGREE

1. Participant 1 **AUTHORISES** Participant 2 to nominate as its Nominated Account(s) the bank account(s) listed below:

[Insert details to fully identify account (account name, number, BSB number, bank branch name, etc)]

for the purposes of the Austraclear Regulations and agrees that the Cash Element of Transactions of

[insert details of relevant Sub-Participant(s) of Participant 2]

may be processed through that Nominated Account.

2. Participant 1 UNDERTAKES that it will accept full responsibility and liability for the Cash Elements of Transactions reported by Participant 2 to Austraclear to be processed through the Nominated Account AND INDEMNIFIES AND SHALL KEEP INDEMNIFIED Austraclear and all Participants, other than Participant 2, in connection with any Loss or Claim of any of them that in any way relates to or arises out of the use of the Nominated Account by Participant 2.
3. The authorisation in clause 1 will continue in full force and effect until Austraclear receives from Participant 1 or Participant 2 written notice confirming the termination of the authorisation. The remainder of this deed including indemnities will survive termination of such authorisation and will continue in full force and effect in respect of the Cash Element of any Transaction which was reported to Austraclear before the receipt by Austraclear of such notice of termination.
4. Upon receipt by Austraclear of a notice of termination of authorisation referred to in clause 3, Austraclear will cease processing Transactions of the relevant Sub-Participant of Participant 2 through the account(s) specified in clause 1.
5. Notices under this deed must be served in accordance with the Austraclear Regulations and in the case of service on Austraclear must be addressed to the General Manager Business Operations.
6. This deed is governed by the laws in force in the State of New South Wales, Australia and the parties submit to the non-exclusive jurisdiction of the courts of that State.
7. Capitalised terms used in this deed and which are defined in the Austraclear Regulations have the same meaning as in the Austraclear Regulations.
8. Austraclear executes this deed to indicate consent to the arrangement set out herein.

Amended 22/08/07, 29/05/08, 27/08/10

EXECUTED AS A DEED

This deed must be signed by one of the methods below:

1. *By the company under its common seal; or*
2. *By two directors or by one director and one company secretary; or*
3. *By the sole director of a single director proprietary company, pursuant to a declaration made and minuted by the director. In this case a certified copy of the declaration should be attached; or*
4. *Under Power of Attorney. In this case the attorney should state that he has no notice of revocation of the Power of Attorney under which he is signing. The Power of Attorney should be enclosed for noting or a certified copy provided.*



EXECUTED by

[insert name of Participant 1]
under section 127 of the Corporations Act:

Signature of Director / Company Secretary *
(* delete whichever does not apply)

Signature of Director

Name (please print)

Name (please print)

Date signed:



EXECUTED by

[insert name of Participant 2]
under section 127 of the Corporations Act:

Signature of Director / Company Secretary *
(* delete whichever does not apply)

Signature of Director

Name (please print)

Name (please print)

Date signed:

SIGNED, SEALED AND DELIVERED for
AUSTRACLEAR LIMITED by its attorney under
power of attorney dated 24 May 2019 who has no
notice of revocation of that power of attorney in
the presence of:

Signature of Witness

Signature of Attorney

Full name of witness (print)

Full name, Position/Title of Attorney (please print)

Date signed:

Amended 27/08/10