

Austraclear Participant Form

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

A reference guide is available to assist you in completing the application forms. Should you have any questions whilst completing this form please do not hesitate to email Participant Transitions participants@asx.com.au alternatively you can refer to the ASX Austraclear section of the ASX website (www.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 the Participant Team 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 Participant Transitions via emailing participants@asx.com.au

Useful Websites ASX Website <https://www.asx.com.au>
ASXOnline <https://asxonline.com/>

APPLICANT CHECKLIST

	FULL PARTICIPANT	ASSOCIATE PARTICIPANT	SPECIAL PURPOSE PARTICIPANT	PUBLIC TRUST PARTICIPANT
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"/>
Participating Bank Nominated Account Confirmation Letter (Supplementary Form 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notification of Authorised Signatories Form (Supplementary Form 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Continuity Survey (Supplementary Form 3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct Debit Request (if applicable) (Supplementary Form 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deed of Consent for Use of Nominated Account (if applicable) (Supplementary Form 5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATCA form	<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 (if applicable)	<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 for service of process. 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", provide 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 APPLICATION FORM

All Sections are to be completed unless otherwise specified

Participant Details	
1A Full legal name	
1B Country of incorporation	
1C Resident of Australia	<input type="checkbox"/> Yes <input type="checkbox"/> No
1D US Entity	

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:

- 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
1E ABN ACN / ARBN (if any) LEI (if any)	
1F Address of registered office	
1G Address of principal place of business (specify if same as 1F)	
1H Postal address (specify if same as 1F or 1G)	
1I Principal contact for all operational communications	Name: Title: Telephone: Email:

Participant Class (Regulation 2.1)	
2A Only select one (1) of the next four (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

System Participant Type (Functional Categories)	
3A Select all applicable required System Participant Types:	<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)

Issuer Securities	
4A Only complete this question if Issuer Representative has been selected in 3A otherwise proceed to 5A. Nominate the instruments issued	Select all applicable options: Fixed Income Securities (FIS) Discount Securities (DSS) - If selected, indicate below which types are applicable: Electronic Bank Accepted Bill of Exchange (EBA) Electronic Certificate of Deposit (ECD) Electronic Promissory Note (EPN)
Access Type	
5A Connection to Austraclear will be via:	Select a connection option: ASX Net Internet Proxy - Used where access is to be undertaken by another participant If STP is required, select applicable option: Swift Network Host to Host Lite (SAFE) No STP will be used
Outsourced Operations (GN10 Key Requirement 4.11)	
6A Will you be outsourcing any part of your Austraclear operations to a third party?	No - (Proceed to Section 7) Yes – if yes in the space provided below, 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
6B 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.	Yes



7. 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.

It is advisable to ensure at least 3 Administrators are appointed to manage access for users passwords and unlock users accounts.

The Austraclear helpdesk are not able assist with access related requests where password administrators are not available unless a request is received in writing and signed by the authorised signatories.

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	
First Name:	
Last Name:	
Email:	
Phone Number:	
2nd Password Administrator	
First Name:	
Last Name:	
Email:	
Phone Number:	
3rd Password Administrator (recommended)	
First Name:	
Last Name:	
Email:	
Phone Number:	
User 1	
First Name:	
Last Name:	
Email:	
Phone Number:	
User 2	
First Name:	
Last Name:	
Email:	
Phone Number:	
User 3	
First Name:	
Last Name:	
Email:	
Phone Number:	
User 4	
First Name:	
Last Name:	
Email:	
Phone Number:	



8. SecurID Token Registration

This section is to be completed by applicants accessing the Austraclear System via an Internet connection.

SecurID Tokens for each Administrator & User identified in Section 7 are to be sent to the following address (**PO Box addresses will not be accepted**):

8A	Contact Name:	
8B	Phone Number:	
8C	Email:	
8D	Address:	

9. System Proxies

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 10.

SYSTEM PROXY_1

9A	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:

9B	Participant Maintenance	Select all applicable options: <input type="checkbox"/> SSI <input type="checkbox"/> Sub Account <input type="checkbox"/> Participant Details <input type="checkbox"/> Authorisation																					
9C	Pledge	Select all applicable options: <input type="checkbox"/> Enquiry <input type="checkbox"/> Initiate <input type="checkbox"/> Authorisation																					
9D	Reporting	<input type="checkbox"/>																					
9E	Bill Delivery	<input type="checkbox"/>																					
9F	Services	<table><thead><tr><th></th><th>Trade Entry Functions/ Enquire</th><th>Authorisation Functions/Enquire</th></tr></thead><tbody><tr><td>Cash</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>DSS</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>FIS</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Market Repos</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>RBA Repos</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>FX</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>		Trade Entry Functions/ Enquire	Authorisation Functions/Enquire	Cash	<input type="checkbox"/>	<input type="checkbox"/>	DSS	<input type="checkbox"/>	<input type="checkbox"/>	FIS	<input type="checkbox"/>	<input type="checkbox"/>	Market Repos	<input type="checkbox"/>	<input type="checkbox"/>	RBA Repos	<input type="checkbox"/>	<input type="checkbox"/>	FX	<input type="checkbox"/>	<input type="checkbox"/>
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Market Repos	<input type="checkbox"/>	<input type="checkbox"/>																					
RBA Repos	<input type="checkbox"/>	<input type="checkbox"/>																					
FX	<input type="checkbox"/>	<input type="checkbox"/>																					



Complete the sections below only if you wish to elect more than one proxy, otherwise proceed to section 10.

SYSTEM PROXY_2

9G	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:

9H	Participant Maintenance	Select all applicable options: <input type="checkbox"/> SSI <input type="checkbox"/> Sub Account <input type="checkbox"/> Participant Details <input type="checkbox"/> Authorisation																					
9I	Pledge	Select all applicable options: <input type="checkbox"/> Enquiry <input type="checkbox"/> Initiate <input type="checkbox"/> Authorisation																					
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RBA Repos	<input type="checkbox"/>	<input type="checkbox"/>																					
FX	<input type="checkbox"/>	<input type="checkbox"/>																					

10. System Authorisation Policy

Many user actions in Austraclear can be flagged for authorisation, if required, which allows the applicant to request that authorisation by an additional user be 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"/>
	Undefer DSS	<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"/>
	Undefer FIS	<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"/>
	Undefer DIS Repo	<input type="checkbox"/>	<input type="checkbox"/>
Fixed Interest Repos	FIS Repo	<input type="checkbox"/>	<input type="checkbox"/>
	Undefer 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"/>

11. Participating Bank Nominated Account & Nominated Account Confirmation Letter (Regulation 3.5 & 13.2)

11A	<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> <p><input type="checkbox"/> Tick to confirm the Participating Bank Nominated Account Confirmation Letter has been provided.</p>
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Nominated Bank Account (Cash Record) for transactions (Mandatory)

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

11B Ensure that the executed nominated account confirmation (requested in section 11A) is received prior to completing this section Account name: Currency: BSB Code: Account Number: Participating Bank Name: Bank Relationship Manager (if applicable):	
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Nominated Bank Account (Cash Record) for Maturities

11C Only complete if a separate Nominated Account is required for Maturities Account name: Currency: BSB Code: Account Number: Participating Bank Name: Bank Relationship Manager (if applicable):	
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Billing (Regulation 3.2)

12A	Full legal name	
12B	ABN ACN / ARBN (if any) LEI (if any)	
12C	<p>Select one (1) payment option from the options</p> <p><i>Note – an annual fee will be charged 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 4)</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><i>**FOR OVERSEAS PARTICIPANTS: Austraclear does not accept foreign cheques. Please pay via wire transfer using above EFT Details. **</i></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 Austraclear system using ACLR25. Email remittance to ar@asx.com.au</p>

Please nominate a contact for billing purposes. A Tax Invoice, detailing fees and charges will be forwarded to this contact/address.

12D	Primary Contact:	
12E	Address:	
12K	Telephone:	
12M	Email:	
12D	Secondary Contact:	
12E	Address:	
12K	Telephone:	
12M	Email:	

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.



Guidance notes for execution

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, noting that the sole director must complete the declaration in the execution block below relating to that director's status as a sole director, or as a sole director and sole company secretary); or*
- 4. Under Power of Attorney, noting that the Power of Attorney document should be enclosed for noting or a certified copy provided.*
- 5. If applicant is a foreign company (i.e. has been incorporated outside of Australia), using the foreign company execution block below. The company should also either (a) provide a copy of the constituent documents of the company confirming the authority of the relevant signatories; or (b) provide written confirmation from its legal representatives that the relevant signatories are authorised to sign documents and enter into legal agreements on behalf of the company.*

Where the form has been signed using electronic signatures, all signatories must provide an additional confirmation via their own company email addresses acknowledging their consent to the application of their signature to the form.

The applicant may remove irrelevant execution blocks and signing instructions from this application.

EXECUTION

[Use the below execution block if signing under section 127 – i.e., if two directors, or one director and one company secretary, are to sign]

Executed by [Applicant name and ABN]

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

Signature of Director	Signature Director/Company Secretary
Name	Name
Date	Date

[OR use the below execution block if signing as sole Director/Company Secretary]

Executed by [Applicant name and ABN]

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

Signature of Sole Director who states that they are the sole director of the company and [the sole Company Secretary of the company/that the company does not have a company secretary]

Name

Date

[OR use the below execution block if signing by way of Power of Attorney]

Signed by [name of attorney](or attorneys if two)

as attorney/s for [Applicant name and ABN]

under power of attorney dated [insert date of PoA document]

Signature of signatory/ies who by executing this document confirms that they have not received notice of revocation or suspension of the power of attorney referred to above.

Signature of witness

Name of signatory/ies

Name of witness

Date

Date

[OR use the below execution block if applicant is a foreign company]

Executed by the duly authorised signatories of [insert name of applicant]

in accordance with the requirements of its constituent documents and the laws of its jurisdiction of incorporation:

Signature of Authorised Signatory

Signature of Authorised Signatory

Name

Name

Date

Date



SECTION 2 - SUPPLEMENTARY FORMS

All applicants are required to submit:

- Participating Bank Nominated Account Confirmation Letter (Supplementary Form 1)
- Notification of Authorised Signatories Form (Supplementary Form 2)
- Business Continuity Survey (Supplementary Form 3)

Optional forms:

- Direct Debit Request (Supplementary Form 4)
- Deed of Consent For Use Of Nominated Account (Supplementary Form 5)





Supplementary Form 1

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/ACN/ARBN:

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

Branch details

Executed by Participating Bank (stamp)

Where the form has been signed using electronic signatures, all signatories must provide an additional confirmation via their own company email addresses acknowledging their consent to the application of their signature to the form.



Supplementary Form 2

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.

SCHEDULE – (NOTIFICATION OF AUTHORISED SIGNATORIES)

FULL NAME OF AUTHORISED SIGNATORIES	SPECIMEN SIGNATURES



FULL NAME OF AUTHORISED SIGNATORIES (cont.)

SPECIMEN SIGNATURES (cont.)

Dated this _____ day of _____

FOR AND ON BEHALF OF
(Name of Participant)

Guidance notes for execution

This Notification 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, noting that the sole director must complete the declaration in the execution block below relating to that director's status as a sole director, or as a sole director and sole company secretary); or*
4. *Under Power of Attorney, noting that the Power of Attorney document should be enclosed for noting or a certified copy provided; or*
5. *If the Participant is a foreign company (ie has been incorporated outside of Australia), using the foreign company execution block below. The company should also either (a) provide a copy of the constituent documents of the company confirming the authority of the relevant signatories; or (b) provide written confirmation from its legal representatives that the relevant signatories are authorised to sign documents and enter into legal agreements on behalf of the company.*
6. *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.*

Where the form has been signed using electronic signatures, all signatories must provide an additional confirmation via their own company email addresses acknowledging their consent to the application of their signature to the form.

EXECUTION

[Use the below execution block if signing under section 127]

Executed by [Applicant name and ABN]

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

Signature of Director

Signature Director/Company Secretary

Name _____

Name _____

Date

Date



[OR use the below execution block if signing as sole Director/Company Secretary]

Executed by [Applicant name and ABN]

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

Signature of Sole Director who states that they are the sole director of the company and [the sole Company Secretary of the company/that the company does not have a company secretary] *[Note: please remove or strike out the statement that is not applicable]*

Name

Date

[OR use the below if signing by way of Power of Attorney]

Signed by [name of attorney](or attorneys if two)

as attorney/s for [Applicant name and ABN]

under power of attorney dated [insert date of PoA document]

Signature of signatory/ies who by executing this document confirms that they have not received notice of revocation or suspension of the power of attorney referred to above.

Name of signatory/ies

Date

Signature of signatory/ies who by executing this document confirms that they have not received notice of revocation or suspension of the power of attorney referred to above.

Name of signatory/ies

Date

[OR use the below if a foreign company]

Executed by the duly authorised signatories of [insert name of applicant]

in accordance with the requirements of its constituent documents and the laws of its jurisdiction of incorporation:

Signature of Authorised Signatory

Name

Date

Signature of Authorised Signatory

Name

Date



Supplementary Form 3

3. BUSINESS CONTINUITY SURVEY

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)

Where an applicant is connecting to Austraclear via proxy, this survey must be completed and executed by the proxy (see 'Proxy Execution' section of this Survey). 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:

Arrangements for Special Purpose (Cash Only) Participants/Applicants (GN10 Section 1)

All other applicants proceed to Question 3

1. SPECIAL PURPOSE (CASH TRANSACTIONS) PARTICIPANTS/APPLICANTS ONLY – NON-PROXY

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.

Confirmed

ASX may request further information specific to these business continuity arrangements.

Please proceed to 'Execution' section on page 7.

2. SPECIAL PURPOSE (CASH TRANSACTIONS) PARTICIPANTS/APPLICANTS ONLY – PROXY

Please confirm the number of entities (excluding this applicant) for which you currently act as proxy:

Less than 10

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.

Confirmed

ASX may request further information specific to these business continuity arrangements.

Please proceed to the 'Execution' section on page 7.

More than 10

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.

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:

Tier 1 Tier 2

4. How many transactions (on average) do you intend to process through the Austraclear system?

For proxies, this includes the total number of transactions for this applicant and all entities for which it currently acts as proxy.

_____ 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:

- will be allocated overall responsibility for your disaster recovery and business continuity arrangements; and
- 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.

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.

Confirmed

System and technology records (GN10 Key Requirement 4.3)

8. If you are using, or intend to use, other systems to connect to the Austraclear system, please confirm that:

- you will hold, and maintain, proper records of those key systems and technology in accordance with GN10 Key Requirement 4.3, and
- those records and supporting documentation will be available to provide to Austraclear upon request.

Confirmed Not applicable

Replacement Policy (GN10 Key Requirement 4.4)

9. *TIER 1 PARTICIPANTS/APPLICANTS ONLY –*

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.

Confirmed

Business Continuity Plan (GN10 Key Requirement 4.5)

10. 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).

Confirmed

11. 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.

Confirmed

Recovery Time Objective (GN10 Key Requirement 4.6)

12. What is the recovery time objective (RTO) following the initiation of your BCP?

_____ Hours for resumption of critical Austraclear operations

_____ Hours for resumption of business-as-usual Austraclear operations

If your RTO is greater than the times specified in Key Requirement 4.6 of GN10, please answer Q13, otherwise please proceed to Q14.



13. Confirm when you will align your RTO with Key Requirement 4.6, and provide details of the changes required to align the RTO.

Date:

Details:

System Resilience (GN10 Key Requirement 4.7)

14. Are your system resilience measures aligned with all requirements listed for your tier classification in GN10 Key Requirement 4.7?

Yes No

If No, confirm when you will align your system resilience with GN10 Key Requirement 4.7, and provide details of the changes required to align the system resilience measures.

Date:

Details:

15. Primary Site

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:

Primary Site 1 – Technology Personnel

Address:

Primary Site 2 – Technology Personnel

Address:



16. Alternate Site

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.

* Tier 1 applicants are required to have an alternate site. Refer to GN10 for more information.

Alternate Site 1 – Technology Personnel

Address:

Alternate Site 2 – Technology Personnel

Address:

17. For participants/applicants that do *not* have a designated alternate site for core personnel:

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).

Confirmed – Please proceed to Question 19

Unable to confirm – Please proceed to Question 18

18. 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):

19. Please confirm that your alternate arrangements include the issue of the following to core personnel:

a) Back-up digital access certificates Confirmed

b) SecurID tokens Confirmed

If you are unable to confirm one or more of the above, please provide details of your arrangements:

Incident Management Plan and Incident Management Records (GN10 Key Requirement 4.8 and 4.9)

20. TIER 1 PARTICIPANTS/APPLICANTS ONLY –

Please confirm you have, or will develop, a clearly defined Incident Management Plan which meets GN10 Key Requirement 4.8:

Confirmed



21. TIER 1 PARTICIPANTS/APPLICANTS ONLY –

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.

Confirmed

22. TIER 2 PARTICIPANTS/APPLICANTS ONLY

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)

Confirmed

BCP Testing (GN10 Key Requirement 4.10)

23. Please confirm that you will be conducting business continuity testing of your disaster recovery and business continuity arrangements:

- 1) at least once annually; and
- 2) as soon as practicable following any material change to your business or your disaster recovery and business continuity arrangements; or
- 3) as notified by Austraclear.

Confirmed

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.

Confirmed

Change management (GN10 Key Requirement 4.12)

25. 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.

Confirmed

Notification requirements (GN10 Key Requirements 4.13)

26. Please confirm that the notification requirements specified under GN10 Key Requirement 4.13



have been incorporated within your BCP and supporting material.

Confirmed

Independent review (GN10 Key Requirement 4.14)

27. 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.

Confirmed

Execution

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 required by the applicant.

Signature

Name and office / capacity

Date

EXECUTION INSTRUCTIONS

Execution must be by a nominated officer (nominated business continuity officer) who:

- 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.

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.





Supplementary Form 4

4. 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
ABN/ACN
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)

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).



Guidance notes for execution

This Notification 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, noting that the sole director must complete the declaration in the execution block below relating to that director's status as a sole director, or as a sole director and sole company secretary); or*
4. *Under Power of Attorney, noting that the Power of Attorney document should be enclosed for noting or a certified copy provided; or*
5. *If the Participant is a foreign company (ie has been incorporated outside of Australia), using the foreign company execution block below. The company should also either (a) provide a copy of the constituent documents of the company confirming the authority of the relevant signatories; or (b) provide written confirmation from its legal representatives that the relevant signatories are authorised to sign documents and enter into legal agreements on behalf of the company.*
6. ***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.*

Where the form has been signed using electronic signatures, all signatories must provide an additional confirmation via their own company email addresses acknowledging their consent to the application of their signature to the form.

The applicant may remove irrelevant execution blocks and signing instructions from this application.

EXECUTION

[Use the below execution block if signing under section 127]

Executed by [Applicant name and ABN]

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

Signature of Director

Signature Director/Company Secretary

Name

Name

Date

Date



[OR use the below execution block if signing as sole Director/Company Secretary]

Executed by [Applicant name and ABN]

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

Signature of Sole Director who states that they are the sole director of the company and [the sole Company Secretary of the company/that the company does not have a company secretary] [Note: please remove or strike out the statement that is not applicable]

Name

Date

[OR use the below if signing by way of Power of Attorney]

Signed by [name of attorney](or attorneys if two)

as attorney/s for [Applicant name and ABN]

under power of attorney dated [insert date of PoA document]

Signature of signatory/ies who by executing this document confirms that they have not received notice of revocation or suspension of the power of attorney referred to above.

Name of signatory/ies

Date

Signature of signatory/ies who by executing this document confirms that they have not received notice of revocation or suspension of the power of attorney referred to above.

Name of signatory/ies

Date

[OR use the below if a foreign company]

Executed by the duly authorised signatories of [insert name of applicant]

in accordance with the requirements of its constituent documents and the laws of its jurisdiction of incorporation:

Signature of Authorised Signatory

Name

Date

Signature of Authorised Signatory

Name

Date



Supplementary Form 5

5. 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 ANDINDEMNIFIES 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

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, noting that the sole director must complete the declaration in the execution block below relating to that director's status as a sole director, or as a sole director and sole company secretary); or Under Power of Attorney, noting that the Power of Attorney document should be enclosed for noting or a certified copy provided; or*
4. *If the Participant is a foreign company (ie has been incorporated outside of Australia), using the foreign company execution block below. The company should also either (a) provide a copy of the constituent documents of the company confirming the authority of the relevant signatories; or (b) provide written confirmation from its legal representatives that the relevant signatories are authorised to sign documents and enter into legal agreements on behalf of the company.*

The signatory may remove irrelevant execution blocks and signing instructions from this application.

**EXECUTED AS A DEED**

[Use the below execution block for each of Participant 1 and/or Participant 2 if signing under section 127]

EXECUTED AS A DEED by [insert name of Participant]
in accordance with section 127 of the Corporations Act:

Signature of Director

Signature of Director/Company Secretary

Name

Name

Date

Date

[OR use the below execution block for each of Participant 1 and/or Participant 2 if signing as sole Director/Company Secretary]

EXECUTED AS A DEED by [Participant name and ABN]

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

Signature of Sole Director who states that they are the sole director of the company and [the sole Company Secretary of the company/that the company does not have a company secretary] *[Note: please remove or strike out the statement that is not applicable]*

Name

Date

[OR use the below execution block for each of Participant 1 and/or Participant 2 if signing by way of Power of Attorney]

EXECUTED AS A DEED by [name of attorney]

as attorney for [Participant name and ABN]

under power of attorney dated [insert date of PoA document]

Signature of witness

Signature of signatory who by executing this document confirms that they have not received notice of revocation or suspension of the power of attorney referred to above.

Name of witness

Name of signatory

Date

Date



[OR use the below execution block for each of Participant 1 and/or Participant 2 if a foreign company]

EXECUTED AS A DEED by the duly authorised signatories of [insert name of Participant]

in accordance with the requirements of its constituent documents and the laws of its jurisdiction of incorporation:

Signature of Authorised Signatory

Name

Date

Signature of Authorised Signatory

Name

Date

EXECUTED AS A DEED by AUSTRACLEAR LIMITED by its duly authorised representative:

Signature of Witness

Full name of witness (please print)

Date signed:

Amended 27/08/10

Signature of Authorised Representative

Full name, Position/Title of Authorised Representative