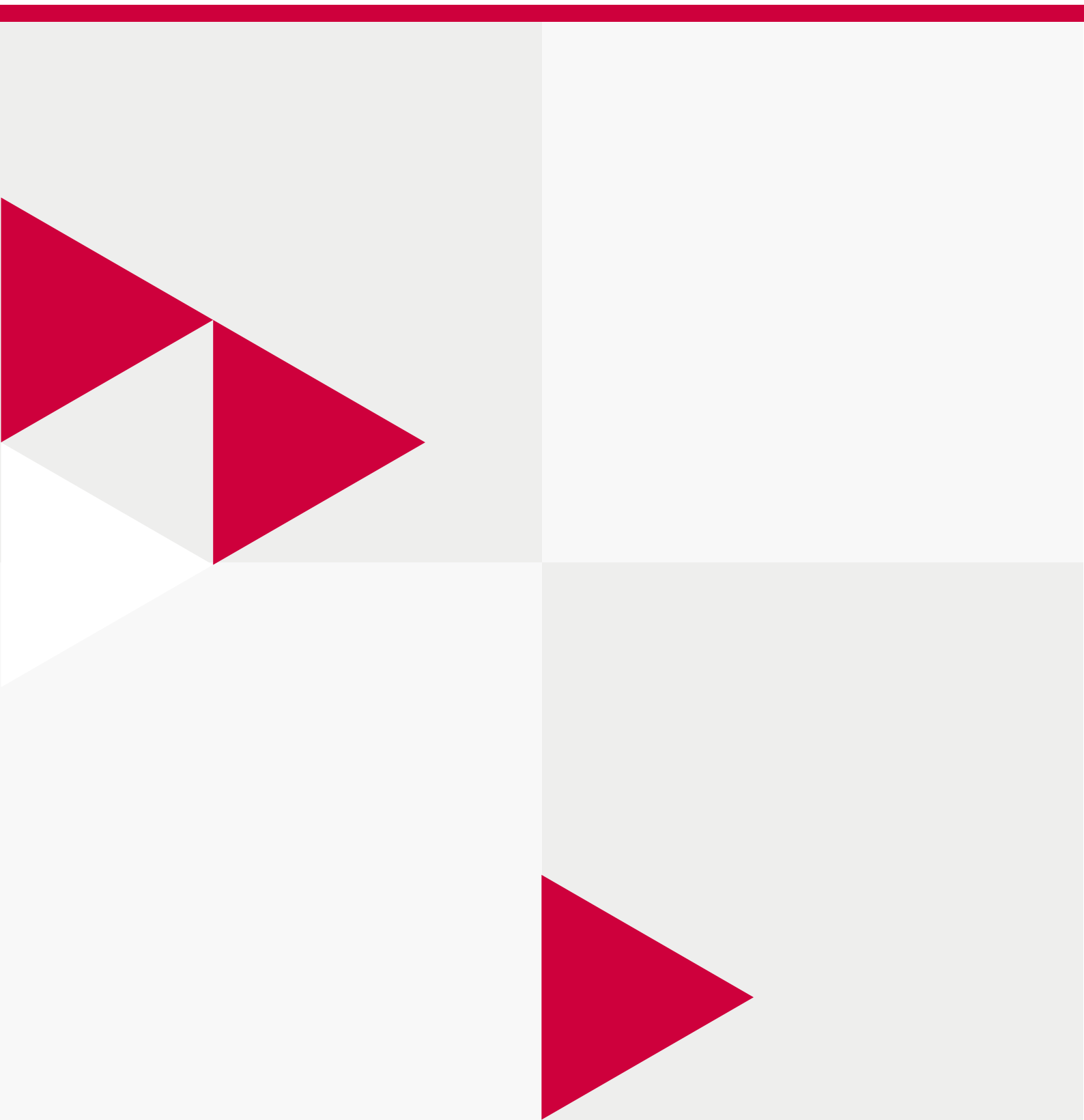




# FX Hedging and Payment Solutions Company Application Form

Sydney  
+61 2 8317 3131 [omfmarkets.com](http://omfmarkets.com)



# 1. About this Application

## 1.1. About this Application

Thank you for choosing OMF Australia Pty Limited ACN 608 611 687 AFSL 485351 ("OMF Australia", "we", "us" and "our").

This form is for use by companies for opening an account for Deliverable Foreign Exchange and Foreign Exchange Options. Forms for individuals, sole traders and joint accounts and trusts are available on our website [www.omfmarkets.com](http://www.omfmarkets.com).

If you wish to also open an account to transact Margin FX, you will need to complete a separate form available on our website [www.omfmarkets.com](http://www.omfmarkets.com).

IMPORTANT: Read and understand the OMF Australia disclosure documents and the important information in Section 1.3 of this application form to ensure you fully understand the financial product and the service we provide to you.

## 1.2. Account Opening Process

### 1.2.1 Complete and submit an account application

OMF Australia is required to collect and verify your identity in order to open an account with you (refer Section 1.3.3 AMLCTF Requirements). The information required will depend on the type of account you are opening.

In order to process your application we will need:

- Your completed application form
- Your permission to complete electronic verification or provide a certified copy of identification documents for person identified in the application form including directors, beneficial owners and any person who is authorised to act on the Company's behalf
- Authorised signatories list

We are able to verify Australian registered companies and the identity of individuals who are residents of Australia via electronic verification. However, we may request supporting documentation anytime.

If you are providing certified copy of identification documents, please refer to our guide "*How to Provide a Certified Copy of your Identity Document*" available on our website [www.omfmarkets.com](http://www.omfmarkets.com).

If you require assistance when completing this form please contact our client services team on +61 2 8317 3131.

Please mail your completed form and certified identification documents to:

**OMF Australia Pty Ltd, Suite 401, 45 Lime Street, Sydney NSW 2000**

Alternatively scan and email documents to [applications@omfmarkets.com](mailto:applications@omfmarkets.com).

### 1.2.2. Wait for confirmation that your account has been approved

We will contact you when your account has been approved to set up your online access, standard settlement instructions and any other services you have requested.

For other services we provide, we may require to collect additional information from you. For example, we are required to collect information about your tax status, trading suitability and

financial details for certain product types.

If you are a retail client and request personal advice, we will require further information about your objectives, needs and personal situation and document our recommendation in a Statement of Advice or Record of Advice, where further advice is given.

If you wish to be treated as a wholesale client, we may require further evidence or certification.



### 1.2.3. Execute trades online or contact the dealing desk

Once your account has been set up, you are ready to access OMF Australia's FX Hedging and Payment Solutions.

## 1.3. Important Information

### 1.3.1. General advice

This has been prepared for general information only and is not intended as advice. The information in this Application and Disclosure documents has been prepared without taking into account any persons objectives, financial situation or needs. OMF Australia recommends you seek independent advice from your financial adviser, accountant and/or tax agent.

### 1.3.2. Disclosure documents

Make sure you have read and understood these important documents before completing this form. They contain important information about our services to you and the products provided. We recommend that you download these documents and keep in a safe place for future reference.

- OMF Australia FX Master Agreement
- Financial Services Guide (FSG)
- Product Disclosure Statement Deliverable Foreign Exchange (PDSFX)
- Product Disclosure Statement Foreign Exchange Options (PDSFXO)
- Privacy Policy

Information in the FSG, PDSFX and PDSFXO can change from time to time. When information that changes is not materially adverse to clients, we may update the information in these documents or by publishing an update on our website. You can access the latest version of these documents free of charge from our website [www.omfmarkets.com](http://www.omfmarkets.com) or by contacting us (refer Section 1.2 for contact details).

We recommend that you also review the Risk Warning published on our website [www.omfmarkets.com](http://www.omfmarkets.com).

### 1.3.3. AML/CTF requirements

OMF Australia is committed to meeting the regulatory requirements for Anti-Money Laundering/Counter-Terrorism Financing Act 2006 (AML/CTF).

To comply with these requirements we may:

- Require you to provide to us, or otherwise obtain, any additional documentation or other information;
- Suspend, block or delay transactions on your account, or refuse to provide services to you;
- Report any, or any proposed, transaction or activity to any body authorised to accept such reports relating to AML/CTF or any other law.

### 1.3.4. Privacy policy

Account set-up cannot be completed until the information you have provided has been verified. The information OMF Australia collects on this form will be used to process your application and provide services to you. This information will be disclosed to our service providers acting on our behalf and other members of OM Financial Group, including those located in other jurisdictions where privacy laws may not offer the same protections. You can view our privacy policy at [www.omfmarkets.com](http://www.omfmarkets.com).

## 2. Account Holder Details

### 2.1. Company Details

Please describe the key business activity

If yes, please specify

Must be street address, not a PO Box

If different from above. Must be street address, not a PO Box

|   |  |
|---|--|
| Full name of company as registered by ASIC  |  |
| ACN/ARBN issued to the company  |  |
| Country of formation, incorporation or registration   |  |
| Nature of business activity   |  |
| Type of company   |  |
| <input type="radio"/> Private company   | <input type="radio"/> Other ( <i>please state</i> )                      |
| <input type="radio"/> Public company  |  |
| <input type="radio"/> Corporate trustee   |  |
| <input type="radio"/> Public authority  |  |
| Is the company publically listed company or a majority owned subsidiary of a publicly listed company? |  |
| <input type="radio"/> No  | <input type="radio"/> Yes, listed company                                |
|   | <input type="radio"/> Yes, majority owned subsidiary of a listed company |
| Stock code  | Exchange(s)  |
| Principal place of business   |  |
| Postcode  | State  |
| Country   |  |
| Registered office   |  |
| Postcode  | State  |
| Country   |  |
| Full name of ALL directors - First name, middle name(s), last name                                    |  |

## 2.2. Tax Status

It is not compulsory for you to provide your Tax File Number (TFN) or ABN, and it is not an offence if you decline to provide it. However, unless exempted, withholding tax will be deducted from any income at the highest top marginal rate plus Medicare levy (if you are a resident) and at 10% if you are a non-resident. In addition, you may be charged any other applicable levies or taxes.

If the company is a foreign entity for tax purposes, we may be required to collect further information from you to meet international obligations including Foreign Account Tax Compliance Act (FATCA).

|   |  |
|---|--|
| ABN issued to the company or reason for exemption |  |
| TFN or reason for exemption                       |  |
| Is the company a foreign entity for tax purposes? | <input type="radio"/> No <input type="radio"/> Yes |
| Country of domicile                               |  |

If yes, please specify country of domicile

## 2.3. Primary Contact Details

|  |   |
|--|---|
| Primary contact details  |   |
| <input type="radio"/> Same as Individual 1 in Section 2.3.1 or<br><input type="radio"/> Same as Individual 2 in Section 2.3.2 or<br><input type="radio"/> Insert name: |   |
| Phone (business)   | (      )  |
| Phone (mobile)   | (      ) <input type="checkbox"/> Tick this box to receive important notifications by SMS |
| Fax  | (      )  |
| Email  |   |
| Postal address   |   |
| Postcode   | State   |
| Country  |   |

If different from principal place of business

### 2.3.1. Personal details of sole director/director 1

|                             |  |
|-----------------------------|--|
| Title                       | <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Dr <input type="radio"/> Other |
| Surname                     |  |
| First name                  |  |
| Middle name                 | <input type="checkbox"/> I don't have a middle name  |
| Any other names known by    |  |
| Current residential address |  |
| Postcode                    | State  |
| Country                     |  |
| Time at this address        | <input type="checkbox"/> Tick if less than 3 years   |

PO Boxes are not acceptable as a residential address

If less than three years at current address

PO Boxes are not acceptable as a residential address

|                              |       |
|------------------------------|-------|
| Previous residential address |       |
| Postcode                     | State |
| Country                      |       |
| Date of birth                |       |
| Nationality                  |       |

Australian primary identity document

Australian Driver's Licence

Australian Passport

I don't have an Australian primary identity document

Number

Expiry date

Issued by

NSW    VIC    QLD    SA    WA    TAS    NT

What is your title/role in the company?

Director    Secretary    Authorised signatory    Verifying officer\*

Do you require access to execute trades on this account?    No    Yes

Name

Phone (   )

If providing a driver's licence number, also select which state or territory has issued the document

If yes, please provide

\*Verifying Officer is the person appointed to identify the agents/persons who are authorised to operate on the Company's accounts in accordance with the requirements of the AML/CTF Act 2006. Refer to Section 2.6 to appoint a Verifying Officer.

### 2.3.2. Personal details of director 2

Title    Mr    Mrs    Ms    Dr   Other

Surname

First name

Middle name    I don't have a middle name

Any other names known by

PO Boxes are not acceptable as a residential address

|                             |   |
|-----------------------------|---|
| Current residential address |   |
| Postcode                    | State   |
| Country                     |   |
| Time at this address        | <input type="radio"/> Tick if less than 3 years |

If less than three years at current address

PO Boxes are not acceptable as a residential address

|                              |       |
|------------------------------|-------|
| Previous residential address |       |
| Postcode                     | State |
| Country                      |       |

If providing a driver's licence number, also select which state or territory has issued the document

If yes, please provide

Must be street address, not a PO Box

If providing a driver's licence number, also select which state or territory has issued the document

|  |             |
|--|-------------|
| Date of birth  |             |
| Nationality  |             |
| Australian primary identity document   |             |
| <input type="radio"/> Australian Driver's Licence<br><input type="radio"/> Australian Passport<br><input type="radio"/> I don't have an Australian primary identity document       |             |
| Number   | Expiry date |
| Issued by  |             |
| <input type="radio"/> NSW <input type="radio"/> VIC <input type="radio"/> QLD <input type="radio"/> SA <input type="radio"/> WA <input type="radio"/> TAS <input type="radio"/> NT |             |
| What is your title/role in the company?  |             |
| <input type="radio"/> Director <input type="radio"/> Secretary <input type="radio"/> Authorised signatory <input type="radio"/> Verifying officer*                                 |             |
| Do you require access to execute trades on this account?   |             |
| <input type="radio"/> No <input type="radio"/> Yes   |             |
| Name   |             |
| Phone (    )   |             |

\*Verifying Officer is the person appointed to identify the agents/persons who are authorised to operate on the Company's accounts in accordance with the requirements of the AML/CTF Act 2006. Refer to Section 2.6 to appoint a Verifying Officer.

### 2.3.3. Beneficial owners (if not publicly listed)

Please provide details of each shareholder who is a beneficially entitled to 25% or more of the issued capital in the company. If no shareholder owns more than 25% of the company's shares, please list the persons who directly or indirectly control the company.

#### Ultimate beneficial owner 1

Cross this box if same as Individual 1 in Section 2.3.1. If different please complete below

|  |             |
|--|-------------|
| Full name  |             |
| Date of birth  |             |
| Residential address  |             |
| Postcode   | State       |
| Country  |             |
| Any other names known by   |             |
| Australian primary identity document   |             |
| <input type="radio"/> Australian Driver's Licence<br><input type="radio"/> Australian Passport<br><input type="radio"/> I don't have an Australian primary identity document       |             |
| Number   | Expiry date |
| Issued by  |             |
| <input type="radio"/> NSW <input type="radio"/> VIC <input type="radio"/> QLD <input type="radio"/> SA <input type="radio"/> WA <input type="radio"/> TAS <input type="radio"/> NT |             |

Ultimate beneficial owner 2

Cross this box if same as Individual 1 in Section 2.3.2. If different please complete below

|  |             |
|--|-------------|
| Full name  |             |
| Date of birth  |             |
| Residential address  |             |
| Postcode   | State       |
| Country  |             |
| Any other names known by   |             |
| Australian primary identity document   |             |
| <input type="radio"/> Australian Driver's Licence<br><input type="radio"/> Australian Passport<br><input type="radio"/> I don't have an Australian primary identity document       |             |
| Number   | Expiry date |
| Issued by  |             |
| <input type="radio"/> NSW <input type="radio"/> VIC <input type="radio"/> QLD <input type="radio"/> SA <input type="radio"/> WA <input type="radio"/> TAS <input type="radio"/> NT |             |

Must be street address, not a PO Box

If providing a driver's licence number, also select which state or territory has issued the document

Ultimate beneficial owner 3

|  |             |
|--|-------------|
| Full name  |             |
| Date of birth  |             |
| Residential address  |             |
| Postcode   | State       |
| Country  |             |
| Any other names known by   |             |
| Australian primary identity document   |             |
| <input type="radio"/> Australian Driver's Licence<br><input type="radio"/> Australian Passport<br><input type="radio"/> I don't have an Australian primary identity document       |             |
| Number   | Expiry date |
| Issued by  |             |
| <input type="radio"/> NSW <input type="radio"/> VIC <input type="radio"/> QLD <input type="radio"/> SA <input type="radio"/> WA <input type="radio"/> TAS <input type="radio"/> NT |             |

Must be street address, not a PO Box

If providing a driver's licence number, also select which state or territory has issued the document

Ultimate beneficial owner 4

|                     |       |
|---------------------|-------|
| Full name           |       |
| Date of birth       |       |
| Residential address |       |
| Postcode            | State |
| Country             |       |

Must be street address, not a PO Box



If providing a driver's licence number, also select which state or territory has issued the document

Any other names known by |

Australian primary identity document

.....

Australian Driver's Licence

Australian Passport

I don't have an Australian primary identity document

---

Number | Expiry date |

Issued by

.....

NSW    VIC    QLD    SA    WA    TAS    NT

### 2.4. Politically Exposed Person

A Politically Exposed Person (PEP) is an individual who holds a prominent public position or function in a government body or an international organisation, or is an immediate family member or close associate of an individual who holds a prominent public position or function in a government body or international organisation.

Are any of the directors, ultimate beneficial owners or controlling persons of this company a Politically Exposed Person, or closely associated with, or is an immediate family member to a Politically Exposed Person?

- Yes
- No

PEP 1 full name |

---

PEP 2 full name |

Use a separate sheet if more than 2 PEPs

### 2.5. Source of Funds

Source of funds for your trading with us

.....

Company revenue or retained earnings    Other (*please specify*)

Investment income

Sale of assets

Purpose of the account

.....

Pay for imports    Other (*please specify*)

Receiving funds from exports

Pay for or receive funds from an overseas investment

Hedging currency exposure

Expected frequency of transactions

.....

One-off payment

One to four times per year

Approximately once per month

More frequently

Paying for transactions

- OMF Australia will only take payments from bank accounts in the same name as your OMF account unless otherwise agreed and approved by OMF Australia.
- OMF Australia may reject payments received from third party bank accounts

2.6. Appointment of a Verifying Officer (optional)

Complete this section if you wish to appoint one or more persons as Verifying Officer and Authorised Person List Manager for the Authorised Person List (attached as Schedule 1). A Verifying Officer is the person appointed to certify that they have sighted the primary photo identification documents of the persons who are listed on the Authorised Person List as authorised to operate on the Company's accounts. If you do not wish to appoint a Verifying Officer, the personal details of all persons listed on the Authorised Person List will be required to be provided instead.

Personal details of verifying officer 1

- Cross this box if same as Individual 1 in Section 2.3.1.
- Cross this box if same as Individual 2 in Section 2.3.2. If different please complete below

|  |                          |                           |                          |                          |  |
|--|--------------------------|---------------------------|--------------------------|--------------------------|--|
| Title  | <input type="radio"/> Mr | <input type="radio"/> Mrs | <input type="radio"/> Ms | <input type="radio"/> Dr | <input type="radio"/> Other                      |
| Surname  |                          |                           |                          |                          |  |
| First name   |                          |                           |                          |                          |  |
| Middle name  |                          |                           |                          |                          | <input type="radio"/> I don't have a middle name |
| Any other names known by   |                          |                           |                          |                          |  |
| Current residential address  |                          |                           |                          |                          |  |
| Postcode   |                          |                           | State                    |                          |  |
| Country  |                          |                           |                          |                          |  |
| Time at this address   |                          |                           |                          |                          | <input type="radio"/> Tick if less than 3 years  |
| Previous residential address   |                          |                           |                          |                          |  |
| Postcode   |                          |                           | State                    |                          |  |
| Country  |                          |                           |                          |                          |  |
| Date of birth  |                          |                           |                          |                          |  |
| Nationality  |                          |                           |                          |                          |  |
| Australian primary identity document                                       |                          |                           |                          |                          |  |
| <input type="radio"/> Australian Driver's Licence                          |                          |                           |                          |                          |  |
| <input type="radio"/> Australian Passport                                  |                          |                           |                          |                          |  |
| <input type="radio"/> I don't have an Australian primary identity document |                          |                           |                          |                          |  |
| Number   |                          |                           | Expiry date              |                          |  |
| Issued by  |                          |                           |                          |                          |  |
| <input type="radio"/> NSW  |                          |                           |                          |                          |  |
| <input type="radio"/> VIC  |                          |                           |                          |                          |  |
| <input type="radio"/> QLD  |                          |                           |                          |                          |  |
| <input type="radio"/> SA   |                          |                           |                          |                          |  |
| <input type="radio"/> WA   |                          |                           |                          |                          |  |
| <input type="radio"/> TAS  |                          |                           |                          |                          |  |
| <input type="radio"/> NT   |                          |                           |                          |                          |  |
| Position, title or role with the company                                   |                          |                           |                          |                          |  |

PO Boxes are not acceptable as a residential address

If less than three years at current address  
PO Boxes are not acceptable as a residential address

If providing a driver's licence number, also select which state or territory has issued the document

Signature of verifying officer 1

---

Personal details of verifying officer 2

- Cross this box if same as Individual 1 in Section 2.3.1.
- Cross this box if same as Individual 2 in Section 2.3.2. If different please complete below

|  |   |  |  |             |  |
|--|---|--|--|-------------|--|
| Title  | <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Dr                    Other |  |  |             |  |
| Surname  |   |  |  |             |  |
| First name   |   |  |  |             |  |
| Middle name  | <input type="radio"/> I don't have a middle name  |  |  |             |  |
| Any other names known by   |   |  |  |             |  |
| Current residential address  |   |  |  |             |  |
| Postcode   |   |  |  | State       |  |
| Country  |   |  |  |             |  |
| Time at this address   | <input type="radio"/> Tick if less than 3 years   |  |  |             |  |
| Previous residential address   |   |  |  |             |  |
| Postcode   |   |  |  | State       |  |
| Country  |   |  |  |             |  |
| Date of birth  |   |  |  |             |  |
| Nationality  |   |  |  |             |  |
| Australian primary identity document   |   |  |  |             |  |
| <input type="radio"/> Australian Driver's Licence<br><input type="radio"/> Australian Passport<br><input type="radio"/> I don't have an Australian primary identity document       |   |  |  |             |  |
| Number   |   |  |  | Expiry date |  |
| Issued by  |   |  |  |             |  |
| <input type="radio"/> NSW <input type="radio"/> VIC <input type="radio"/> QLD <input type="radio"/> SA <input type="radio"/> WA <input type="radio"/> TAS <input type="radio"/> NT |   |  |  |             |  |
| Position, title or role with the company   |   |  |  |             |  |
| Signature of verifying officer 2   |   |  |  |             |  |
| <hr style="border-top: 1px dashed #ccc;"/>   |   |  |  |             |  |

PO Boxes are not acceptable as a residential address

If less than three years at current address  
PO Boxes are not acceptable as a residential address

If providing a driver's licence number, also select which state or territory has issued the document

## 2.7. Wholesale Client Status (optional)

Complete this section if you wish to be eligible as a wholesale client as defined in the Corporations Act 2001. A wholesale client is expected to be able to evaluate financial products without needing the retail client protections. Wholesale clients lose significant rights such as they may not be provided with a Financial Services Guide, Product Disclosure Statement, Statement of Advice for product recommendations and may not have the right to complain to the Financial Ombudsman Service.

- The Company is a sophisticated investor (business test) under section s761G of the Corporations Act that is large employer that is:
  - a manufacturer that employs at least 100 people
  - not a manufacturer and employs at least 20 people
- The Company qualifies as a Professional Investor under section 9 of the Corporations Act 2001
  - The Company is applying as a wholesale client as it is a professional investor that is a holder of an Australian Financial Services Licence.

|             |  |
|-------------|--|
| AFSL number |  |
|-------------|--|

- The Company is applying as a wholesale client as it is a professional investor as it has or controls assets of at least AUD or foreign equivalent of \$10,000,000.
- The Company is a listed entity or a related body of a listed entity.

|                          |  |
|--------------------------|--|
| Primary market listed on |  |
| Stock code               |  |

- The Company is a body regulated by APRA, other than a trustee of any of the following (within the meaning of the Superannuation Industry (Supervision) Act 1993)
- The Company is a body registered under the Financial Corporations Act 1974
- The Company is a trustee of a superannuation fund, approved deposit fund, a pooled superannuation trust, or a public sector superannuation scheme within the meaning of the Superannuation Industry (Supervision) Act 1993 and the fund, trust or scheme has net assets of at least \$10 million
- The Company is an exempt public authority
- The Company is a body corporate or an unincorporated body that carries on a business of investment in financial products, interests in land or other investments and for those purposes, invests fund received (directly or indirectly) following an offer or invitation to the public, within the meaning of section 82, the terms of which provided for the funds subscribed to be invested for those purposes
- The Company is a foreign entity that, if established or incorporated in Australia, would be covered by one of the above (please also tick the relevant test)

## 3. Client Acknowledgements and Declarations

By signing this Client Application Form, you acknowledge and agree that:

- (a) In this Application Form, capitalised terms have the meaning in the FX Master Agreement (a copy of these terms have been provided to you with this application form).
- (b) You are authorised to sign this Client Application Form on behalf of the Company.

- (c) All transactions entered into by you with OMF Australia will be governed by the Master FX Terms.
- (d) I/we have received and understood the Financial Services Guide, Product Disclosure Statement Deliverable Foreign Exchange, Product Disclosure Statement Foreign Exchange Options, Privacy Policy, OMF Australia FX Master Agreement and other relevant statements.
- (e) I/we understand the nature and risks associated with trading Deliverable Foreign Exchange and I/we hereby confirm I/we have read and understood the Product Disclosure Statement Deliverable Foreign Exchange and Risk Warning published on our website [www.omfmarkets.com](http://www.omfmarkets.com).
- (f) I/we understand the nature and risks associated with trading Foreign Exchange Options and I/we hereby confirm I/we have read and understood the Product Disclosure Statement Foreign Exchange Options and Risk Warning published on our website [www.omfmarkets.com](http://www.omfmarkets.com).
- (g) I/we warrant and confirm that all information provided by me/us in connection with the application is true and correct. I/we will advise OMF Australia if any such information is to change.
- (h) I/we have taken my/our own independent taxation advice and understand the tax consequences in Australia and other relevant jurisdictions associated with trading Deliverable Foreign Exchange and Foreign Exchange Options with OMF Australia including, but not limited to, arising from not providing my TFN or ABN to OMF Australia.
- (i) I/we hereby give my/our full and informed consent to OMF Australia to verify my/our identity and any ultimate beneficial owner/controlling person or Verifying Officer by disclosing my/our personal information such as my/our name(s), date(s) of birth and address(es) to a credit reporting agency or identity verification service for the purposes of undertaking an electronic identity verification in connection with the this application and Anti-Money Laundering and Counter-Terrorism Financing.
- (j) I/we agree to provide certified copy of identification documentation to OMF Australia and any other additional information if requested in order for OMF Australia to comply with AML/CTF rules and regulation.
- (k) I/we confirm that all monies which will be paid to OMF Australia originates from a legitimate source and the proceeds of my/our transactions will not be used to finance any illegal activities.
- (l) I/we declare that I/we will not be contravening the laws and regulations in this jurisdiction by transacting with OMF Australia.
- (m) I have also read, understood and consent to OMF Australia's Privacy Policy, including any offshore disclosure of my/our personal information.

|                                |
|--------------------------------|
| Signature of director<br>..... |
| Signed by (full name)          |
| Date                           |

|                                |
|--------------------------------|
| Signature of director<br>..... |
| Signed by (full name)          |
| Date                           |

## Schedule 1 – Authorised Person List

This Schedule sets out the initial list of persons authorised by the Client to make Orders and settle Transactions under the FX Master Agreement.

The Authorised Persons List is governed by the Master FX Terms.

|    | Full name of Authorised Person | Product (Y/N)* |     |     |      | Signature of Authorised Person |
|----|--------------------------------|----------------|-----|-----|------|--------------------------------|
|    |                                | FX             | FFX | FXO | WFXO |                                |
| 1  |                                |                |     |     |      |                                |
| 2  |                                |                |     |     |      |                                |
| 3  |                                |                |     |     |      |                                |
| 4  |                                |                |     |     |      |                                |
| 5  |                                |                |     |     |      |                                |
| 6  |                                |                |     |     |      |                                |
| 7  |                                |                |     |     |      |                                |
| 8  |                                |                |     |     |      |                                |
| 9  |                                |                |     |     |      |                                |
| 10 |                                |                |     |     |      |                                |

\*Abbreviations used in the above table have the following meanings:

'FX' means Foreign Exchange Transactions

'FFX' means Deliverable Forward Foreign Exchange Transactions

'FXO' means Foreign Exchange Options

'WFXO' means Write Foreign Exchange Options e.g. collars

### Declarations by verifying officer/s

- (a) I/we hereby confirm that the details provided on this form are complete and correct.
- (b) I/we hereby confirm that I/we have collected the full name of the Authorised Person/s, the title of the position or role held by the Authorised Person/s, a copy of their signature, and evidence of their authorisation to act on behalf of the Company.

|   |
|---|
| Signature of verifying officer 1<br>..... |
| Full name of verifying officer 1          |
| Date                                      |

|   |
|---|
| Signature of verifying officer 2<br>..... |
| Full name of verifying officer 2          |
| Date                                      |

**Sydney**

Suite 401, 45 Lime Street  
Kings Street Wharf  
Sydney, NSW 2000  
**P** +61 2 8317 3131  
**E** info@omfmarkets.com

omfmarkets.com