Shaw and Partners Limited (ABN 24 003 221 583)
Level 7, Chifley Tower, 2 Chifley Square Sydney NSW 2000 Australia | GPO Box 3604, Sydney NSW 2001 Tel +61 2 9238 1238 | Toll Free 1800 636 625 www.shawandpartners.com.au



Authority to Operate an Account

PLEASE COMPLETE THIS FORM USING BLOCK LETTERS AND BLACK OR BLUE PEN

A. INDIVIDUAL CLIENT DETAILS	
INDIVIDUAL 1	
Title Given name(s)	Surname
INDIVIDUAL 2	
Title Given name(s)	Surname
INDIVIDUAL 3	
Title Given name(s)	Surname
B. COMPANY CLIENT DETAILS	
Company name	ABN/ACN
C. ACCOUNT DESIGNATION (For Superannuation Funds, Family Trusts or Mi	nors)
<	> Account
D. AUTHORITY TO OPERATE	
The client authorises any person or company (such as an AFSL holder) whose of	etails appear below:
Name Signature	Relationship to Client
Name (if more than one person authorised) Signature	Relationship to Client
Traine (ii more than one person authorised)	Relationship to Oilent
x	
AFSL Holder	AFSL Number
(a) to operate the Client's accounts, including giving any instructions to Shaw an	
(b) to conduct, on behalf of the Client, all transactions between Shaw and the C(c) to do all things incidental to operating the Client's account and conducting transactions.	
This authorisation remains effective until notice of its revocation (in writing) is rec	
E. CLIENT SIGNATURE	,
The Client(s) agree to be bound by the terms and conditions of Shaw's Authority	to Operate a Shaw and Partners Account set out on this page:
Name of Individual 1/Director/Sole Director/ Name of Individual 2/Director/	ctor/Company Name of Individual 3/Director
Company Secretary Secretary	
Signature Signature	Signature
DD / MM / YYYY	
Note: When signed under Power of Attorney, the attorney states that they originally certified copy of the Power of Attorney to be returned with	
TO BE COMPLETED BY SHAW	
Client A/C Number	Advisor Code
Shaw Signature	Date Entered
AOSA Form	