

# 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 Minors)

<  > Account

## D. AUTHORITY TO OPERATE

The client authorises any person or company (such as an AFSL holder) whose details appear below:

Name	Signature	Relationship to Client
<input type="text"/>	<input type="text"/> x	<input type="text"/>
Name (if more than one person authorised)	Signature	Relationship to Client
<input type="text"/>	<input type="text"/> x	<input type="text"/>
AFSL Holder		AFSL Number
<input type="text"/>		<input type="text"/>

- (a) to operate the Client's accounts, including giving any instructions to Shaw and Partners Limited ("Shaw")
- (b) to conduct, on behalf of the Client, all transactions between Shaw and the Client, and
- (c) to do all things incidental to operating the Client's account and conducting transactions on the Client's behalf

This authorisation remains effective until notice of its revocation (in writing) is received by Shaw and Partners Limited

## 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/ Company Secretary	Name of Individual 2/Director/Company Secretary	Name of Individual 3/Director
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Signature	Signature
<input type="text"/> x	<input type="text"/> x	<input type="text"/> x
Executed on <input type="text"/>		
DD / MM / YYYY		

**Note: When signed under Power of Attorney, the attorney states that they have not received a notice of revocation. Shaw requires an originally certified copy of the Power of Attorney to be returned with this Agreement.**

TO BE COMPLETED BY SHAW	
Client A/C Number <input type="text"/>	Advisor Code <input type="text"/>
Shaw Signature <input type="text"/>	Date Entered <input type="text"/>