

GST Declaration for Overseas Clients

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

GST DECLARATION – NON-RESIDENTS TAXPAYERS OF AUSTRALIA

- The Client declares that the Client is a Non-Resident Taxpayer of Australia and places orders, for the buying and/or selling of financial products registered on Australian Exchanges, outside of Australia. The Client acknowledges that Shaw will set up the client's account/s with Shaw on a GST free basis in reliance on this statement, subject to this declaration.
- In the circumstance whereby the Client places an order for the buying and/or selling of financial products registered on Australian Exchanges, within Australia, the Client will notify Shaw in writing and the Client acknowledges that the brokerage in this instance will be subject to GST at the rate of 10% for which the client will be liable.
- The Client acknowledges that should any transaction to buy or sell financial products be found to be a taxable supply within the meaning of the A New Tax System (Goods and Services Tax) Act 1999 (Commonwealth) then the Client will pay all goods and services tax payable in respect of that transaction or those transactions.
- The Client indemnifies Shaw and its officers, employees and agents ("those indemnified") from and against any loss, cost, liability, or exposure reasonably incurred by those indemnified arising out of any investigation, prosecution or obligation to pay Goods and Services Tax on any transaction(s).

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. CLIENT ADDRESS

<input type="text"/>			
<input type="text"/>			
<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>	Country <input type="text"/>

E. CLIENT SIGNATURE

The Client agrees to be bound by the terms and conditions set out on this page.

Name of Individual 1/Director/Sole Director/
Company Secretary

Signature

Executed on

DD / MM / YYYY

Name of Individual 2/Director/Company
Secretary

Signature

Name of Individual 3/Director

Signature

Note: When signed under Power of 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

Advisor Code

Shaw Signature

Date Entered