

 This form uses JavaScript for optimal performance. Please ensure you have this enabled if completing electronically.
Refer to the end of this document for [submission instructions](#).

Whose Details Need to be Updated?

First name	Middle name/s	Surname	Date of birth – DD / MM / YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Where do the Changes Need to be Applied?

<input type="radio"/>	Apply to all accounts	
<input type="radio"/>	OR apply to the following accounts only:	
	Account number	Your account reference – <i>Account name or type</i>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

New Details

New Residential Address – *If applicable*

Street address – *Cannot be a PO Box*

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

Country – *If not Australia*

New Postal Address – *If applicable* ☐ Same as new residential address

Street address

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

Country – *If not Australia*

New CHESS Address – *If applicable*

☐ Same as new residential address ☐ Same as new postal address

Street address

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

Country – *If not Australia*

New Contact Details

Email address – *Mandatory*

Mobile number – <i>Mandatory</i>	Home number
<input type="text"/>	<input type="text"/>

Work number	Preferred contact number
<input type="text"/>	<input type="radio"/> Mobile <input type="radio"/> Home <input type="radio"/> Work

Declaration and Acknowledgement

1. I/We declare that the information provided on this form is correct and I understand that it is an offence to provide false or misleading information.
2. I/We request that your records be updated to reflect the changes indicated.
3. I/We acknowledge that the information provided in this application or to my/our adviser is complete and correct. I/We will promptly notify AUSIEX of any changes to the information.
4. I/We acknowledge that AUSIEX may require further information from time to time and I/we agree to promptly provide AUSIEX with whatever additional information is reasonably required by AUSIEX.

Account Holder/Director/Secretary/Trustee 1

Full name Date – DD / MM / YYYY / /

Signature – *Must be signed pen to paper*

Account Holder/Director/Secretary/Trustee 2

Full name Date – DD / MM / YYYY / /

Signature – *Must be signed pen to paper*

Share Trading is a service provided by Australian Investment Exchange Ltd (AUSIEX, the Participant, we, us, our) ABN 71 076 515 930 AFSL 241400. AUSIEX is a market participant of ASX & Chi-X Australia, a clearing participant of ASX Clear Pty Limited and a settlement participant of ASX Settlement Pty Limited.

How to submit your documents**Clients**

Please provide your completed and signed form with relevant supporting documents to your adviser.

Advisers

Lodge this form and all supporting documents
ausiex.com.au > Administration > eSubmit

1800 252 351 service@ausiex.com.au ausiex.com.au

