

### Third Party Account Authority Form

#### ACCOUNT DETAILS

Date:          
 day month year

Name in which account is held:

Account Number:

I/We would like to authorise a third party to have full power and authority over my/our account, according to the terms and conditions of the Australian Investment Exchange [ShareTrading agreement](http://www.sanford.com.au/sanford/Public/GettingStarted/TermsConditionsShareTradingAccount.asp),  
 (http://www.sanford.com.au/sanford/Public/GettingStarted/TermsConditionsShareTradingAccount.asp)

#### THIRD PARTY DETAILS

Title:  Full given name(s):   
 or company

Surname:

Drivers license/Passport:  Date of Birth:

#### Residential Address (compulsory)

Unit/House No.  Street name:

Suburb:

Postcode:  State:  Country Overseas:   
 (If applicable)

Postal Address:

Post Code:  State:  Country Overseas:   
 (If applicable)

**Please attach a clear copy of either a passport or drivers license which confirms the current residential address for the Third Party with this form.**

#### Security Details

Please provide a Username (8-15 characters alphanumeric) and Keyword (eg: mother's maiden name), which will be used to identify you when making account enquiries over the phone.

Username:  (8-15 characters alphanumeric)

Keyword:  (eg: mother's maiden name) (min 4 characters)

For your security, the PIN and Password are randomly generated. Once these are created and posted out to you, they can be changed at any time on our website.

#### Signature(s):

Please provide signatures of all persons authorised to operate the account.

(Individual/Applicant 1 or Director of Company)

(Applicant 2 /Director or Secretary of Company)

Date

(Third party authorised person)