

# Dealer registration - AFSL

Use this form to register a financial services company that holds an Australian Financial Services Licence (AFSL) number with Macquarie to distribute Macquarie Products or Services.

In addition to this form, to access Macquarie Online services, you, any financial services professionals and employees will be required to complete the *Adviser registration form* or the *Support staff registration form*.

1. Dealer information	n			
All fields marked with a	red asterisk (*) are mandatory.			
Dealer/Company name:		Dealer code (if known):		
Type of company				
Self-Licensed Firm	Dealer Group Licensed Firm	Stockbroking Firm		
*Australian Business Number (ABN):		*ACN:		
Name of ABN holder (if differen	nt from company name):			
, , ,	ustralian Financial Services Licence rie Dealer Registration - Non AFSL			
Yes, *AFSL number:	Yes, *AFSL number: AFSL name (if different):			
If the business name is d business relationship.	lifferent to the name of the AFSL	holder, please provide documentation demonstrating the		
*A. Company contact infor	rmation			
Please tick if the dealer al	ready exists on file			
If the dealer is existing on file,	please update the contact informa	ation for the company below.		
Registered address (cannot be	a PO Box):			
Suburb:		State:		
Postcode:		Country:		
		AUSTRALIA		

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1. Dealer information (Continued)			
Postal address (if different from office address):			
Suburb:	State:		
Postcode:	Country:		
	AUSTRALIA		
Office phone number:	Office email address:		
Principal Place of business:			
Suburb:	State:		
Postcode:	Country:		
	AUSTRALIA		
*B. Company contact information			
Name of contact person:			
Mobile number:	Email address:		
2. Company bank details			
This section is only applicable if you hold an AFSL or are eligible to Macquarie will make any applicable payments to the account listed and other payments at the end of this form. Bank details must be in documentation to confirm the relationship between the two entities	here. Please read the terms and conditions relating to fees the same name as the AFSL holder. If not, please provide		
Account name:			
BSB: Account number:			
3. Company GST information  This section is only applicable if you hold an AFSL or are eligible to receive payments.			
We require your GST information for purposes of adviser service fees or other payments.			
Is the Company registered for GST?			
Yes No			
Is the Company a resident of Australia for income tax purposes?  Yes  No, please provide country of residence for income tax purposes:			
. 33 140, picase provide country or residence for r			

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### 4. Product selection



Please select the Macquarie Products, services and/or systems your company is seeking to distribute and/or access (you can select more than one).

#### Macquarie Cash products

Please ensure where cash products is selected, at least one representative is nominated in section 5

Macquarie Wrap

## 5. Dealer level access

Allows the Representatives specified in this section to view information about the Company and Macquarie accounts that have been established and/or administered by the Company's representatives and if applicable, receive statements regarding payments to the Company.

Before accessing Adviser Online you should carefully read the Adviser Online Terms and Conditions available on our website at macquarie.com.au/site/adviser-online/terms-and-conditions.html.

These Terms and Conditions must be read together with the **Macquarie Banking Terms and Conditions (Banking T&Cs)**. The Banking T&Cs govern your use of Adviser Online including any payments you make or instructions you submit on behalf of your Clients in relation to Cash Hub Accounts. You can also use Adviser Online to access other Macquarie Products and submit investment instructions for them – in doing so, we will communicate instructions to and from the relevant product issuer.

By signing this section, you confirm that:

- you agree to the Adviser Online Terms and Conditions and the Macquarie Banking Terms and Conditions
- you agree to our Privacy Policy available on macquarie.com.au and for your identity to be verified electronically using government sources and information held by our credit reporting agencies, such as Equifax.
   Go to macquarie.com.au/everyday-banking/macquarie-client-identity-verification to learn more.

↑ All fields marked with a red asterisk (\*) are mandatory

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Re	presentative 1				
Ple	ease select your role:				
	Financial Adviser (Individual)	please confirm if an adviser co	ode is needed:	Yes	No
	Support Staff				
	Other Financial Services Pro	fessional			
Tit	cle:	Name:			
Δr	ny other name known by:		Macquarie ID (if kı	own).	
AI	y other name known by.		Macquarie ID (II Ki	iowiij.	
*D	ate of birth:		*Mobile number:		

Is your postal address the same as stated in section 1A?

\*Email address:

Yes No, please provide your postal address

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Street name and number:		
Suburb:	State:	Postcode:
*Electronic Verification		
I have attached a certified copy of my g	overnment identification	
No ▶ please complete the below	Yes <b>▶ go to sec</b>	tion 6
Government Identification Details (Thi	is is for verification purpos	es only)
ID type (Drivers Licence, Passport, Proof of Age)	Licence/Document nur	<b>State of Issue</b> (if using a passport, input Country of
Drivers licence card number (Only if pre	esent on ID):	
Residential address - Street number ar	nd name:	
Suburb:	State:	Postcode:
Representative Signature 1:		
Date:		
Representative 2 Please select your role:	a a ufiyaa if ay a duisay aa d	e is needed: Yes No
Financial Adviser (Individual) <b>please</b> Support Staff	e confirm if an adviser code	e is needed: Yes NO
Other Financial Services Professional		
Title: Name:		
Any other name known by:	М	1acquarie ID (if known):
Date of birth:	*1	Mobile number:
'Email address:		

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5. Dealer level acc	ess (Continued)	
Is your postal address the s	ame as stated in section 1A?	
Yes No, please	provide your postal address	
Street name and number:		
Suburb:	State:	Postcode:
*Electronic Verification		
	ed copy of my government identification	
No <b>▶ please comp</b>	lete the below Yes ▶ go to section	on 6
Government Identificat	ion Details (This is for verification purposes	s only)
<b>ID type</b> (Drivers Licence, Passpo Age)	rt, Proof of  Licence/Document numl	State of Issue (if using a passport, input Country of Issue)
Drivers licence card num	nber (Only if present on ID):	
<b>Residential address</b> – St	creet number and name:	
Suburb:	State:	Postcode:
Representative Signature 2	2:	
Date:		

Macquarie ID is a unique code allocated to you. Please do not share this with others. If you do not have a Dealer code or Macquarie ID we will automatically issue you one and email it to the email address listed in this section.

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## 6. Declaration and signature

Please ensure this form is executed by two directors, a director and secretary or a sole director.

Before accessing Adviser Online you should carefully read the Adviser Online Terms and Conditions available on our website at macquarie.com.au/site/adviser-online/terms-and-conditions.html

These Terms and Conditions must be read together with the Macquarie Banking Terms and Conditions (Banking T&Cs).

The Banking T&Cs govern your use of Adviser Online including any payments you make or instructions you submit on behalf of your Clients in relation to Cash Hub Accounts. You can also use Adviser Online to access other Macquarie Products and submit investment instructions for them – in doing so, we will communicate instructions to and from the relevant product issuer.

By signing this section, you confirm that:

- you agree to the Adviser Online Terms and Conditions and the Macquarie Banking Terms and Conditions
- you agree to our Privacy Policy available on **macquarie.com.au** and for your identity to be verified electronically using government sources and information held by our credit reporting agencies, such as Equifax.

Go to macquarie.com.au/everyday-banking/macquarie-client-identity-verification to learn more.

All fields are mandatory				
Title:	Name:			
Any other name known by:		Corporate title:	Cala D'arata	Caranta
		Director	Sole Director	Secretary
Director Identification Number	(DIN):			
Electronic Verification -   h	ave attached a certified copy o	my government identification	ation	
No <b>▶ please complet</b> o	e the below Yes <b>&gt;</b> L	elow not required		
Date of birth:				
	Details (This is for verification	purposes only)	<b>6</b> 1 . <b>6</b> 1	
ID type (Drivers Licence, Passport, F	Proof of		<b>State of Issue</b> (if using a passport, input Country of	
Age)	Licence/Docur	nent number	Issue)	
Drivers licence card number	r (Only if present on ID):			
Residential address - Stree	t number and name:			
Suburb:	State:		Postcode:	
Signature 1:				
Date:				

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