

Share Broking Client Account Application

Client Account Application Form

CLIENT AGREEMENT

In consideration of BSP Capital Limited (herein referred to as "BCAP") agreeing to open an account in the client's name, (herein referred to as "the Account") pursuant to the Application overleaf the Account agrees to the following:

- 1 The account appoints BCAP as the Account's broker to buy and sell securities in accordance with the Account's instruction from time to time.
- 2 The constitution of Port Moresby Stock Exchange Limited, The Australian Stock Exchange or other Stock Exchanges (herein collectively known as POMSoX), its Business Rules and Listing Rules as amended from time to time and customs and usages of POMSoX form part of the agreement governing the contractual relationship between the Account and BCAP and applies to all dealings and transactions in securities conducted by BCAP on behalf of the Account and are binding upon the Account and BCAP.
- 3 Without limiting the generality of the foregoing where BCAP has bought or sold securities in accordance with the Account's instructions, the Account's agents and/or attorney are to execute on the Account's behalf any transfer of those securities to give effect to that transaction.
- 4 To issue written notification to BCAP regarding any changes in the Account's details such as address, telephone numbers, facsimile numbers and/or information used to maintain communication between the Account and BCAP.
- 5 The Account will ensure that BCAP receives payment for all securities purchased and all brokerages and duties in respect thereof before the third day (settlement date) after the purchase transaction was entered into.
- 6 The obligation to make payment by the settlement date is not subject to receiving the contract note.
- 7 BCAP will have a general lien and the power of sale set out below in respect of all securities and all documents relating thereto held by BCAP for any reason whatsoever for all moneys now or at any time hereafter owing by the Account to BCAP for any reasons whatsoever.
- 8 If any moneys owing by the Account to BCAP are not paid by settlement date then without prejudice to BCAP rights under paragraph 7 hereof or under the Rules of POMSoX:
 - BCAP may sell any securities now or hereafter held by itself on behalf of the Account for any reason whatsoever and without being responsible for any loss occasioned thereby and may apply the proceeds in reduction of the Account's liability to BCAP.
 - The Account will pay default interest on the outstanding moneys from the date of the relevant contract note until the date on which payment is received by BCAP at the prevailing overdraft rate set by Bank of South Pacific Limited.
- 9 BCAP may appropriate credits and all payments received from or on behalf of the Account or held on behalf of the Account in reduction of any moneys owing by the Account to BCAP.
- 10 If more than one person constitutes the Account then they are jointly and severally bound by this agreement.
- 11 Where the Account is a limited/propriety limited company, the officers executing this agreement undertake that they:
 - will be responsible for the placing of orders;
 - will be personally responsible for the proper conduct of the Account including settlement of all transactions in accordance with the contract terms;
 - are authorised to perform these functions; and
 - will notify BCAP if there are any alterations to the company structure or if their authority to place orders is cancelled or varied.
- 12 The Account authorises BCAP to obtain shareholder information from any relevant share registry.
- 13 Before placing any orders the Account will be in a position to pay for any securities purchased and have control of and have available any securities sold by the Account to BCAP.
- 14 The Account hereby authorises BCAP to execute its orders using its Shareholder Reference Number/Holder Identification Number using their agents in Australia/New Zealand/Fiji or as appropriate.

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Section A – Client Contract & Account Details of Individual / Joint Applicants

CONTACT DETAILS – Individual

INDIVIDUAL/JOINT – Applicant 1

Title Mr Ms Mrs Miss Dr Please to identify yourself Date of Birth / /

First Name Middle Name

Surname Gender Male Female Please to identify yourself

Residential Address (PO Box not acceptable)

Province Postal Code

Postal Address

Province Postal Code

Work () Home () Mobile ()

Fax () Email

INDIVIDUAL/JOINT – Applicant 2

Title Mr Ms Mrs Miss Dr Please to identify yourself Date of Birth / /

First Name Middle Name

Surname Gender Male Female Please to identify yourself

Residential Address (PO Box not acceptable)

Province Postal Code

Postal Address

Province Postal Code

Work () Home () Mobile ()

Fax () Email

INDIVIDUAL/JOINT – Applicant 3

Title Mr Ms Mrs Miss Dr Please to identify yourself Date of Birth / /

First Name Middle Name

Surname Gender Male Female Please to identify yourself

Residential Address (PO Box not acceptable)

Province Postal Code

Postal Address

Province Postal Code

Work () Home () Mobile ()

Fax () Email

Would you like to receive confirmations?

Please to select

Via email Yes No

Via Fax Yes No

Email

Fax ()

Section B – Client Contract & Account Details of Company Applicants

CONTACT DETAILS – Company

COMPANY DETAILS – Complete the details below in exactly the same manner as they appear on the company register. If the applicant already owns shares, please complete name details exactly as shown on existing holding statements.

Company _____

ACN / IPA No. _____

ABN / Business Reg. No. _____

Business Address (PO Box not acceptable) _____

Province _____

Postal Code _____

Postal Address _____

Province _____

Postal Code _____

Contact Name _____

Work () _____

Home () _____

Mobile () _____

Fax () _____

Email _____

Director 1 / Sole Director

Title Mr Ms Mrs Miss Dr

Please to identify yourself

Date of Birth / / _____

First Name _____

Middle Name _____

Surname _____

Gender Male Female

Please to identify yourself

Business Address (PO Box not acceptable) _____

Province _____

Postal Code _____

Postal Address (if different to above) _____

Province _____

Postal Code _____

Work () _____

Home () _____

Mobile () _____

Fax () _____

Email _____

Director 2 / Company Secretary

Title Mr Ms Mrs Miss Dr

Please to identify yourself

Date of Birth / / _____

First Name _____

Middle Name _____

Surname _____

Gender Male Female

Please to identify yourself

Business Address (PO Box not acceptable) _____

Province _____

Postal Code _____

Postal Address (if different to above) _____

Province _____

Postal Code _____

Work () _____

Home () _____

Mobile () _____

Fax () _____

Email _____

Would you like to receive confirmations?

Please to select

Via email Yes No

Via Fax Yes No

Email _____

Fax () _____

Section C – Execution of Client Account Application Form

DECLARATION

By signing this application form, you agree, represent and warrant that you:

- Have read and understood the Terms and Conditions set out in the Client Agreement.
- Have been provided with and read a copy of the BSP Capital Limited Client Account Application Form.
- Acknowledge that all of the information you have provided is true and correct to the best of your knowledge.
- Acknowledge that if any personal circumstances change, you will contact your Adviser when/if this occurs.
- Acknowledge that the information requested in this Agreement, is being collected for the primary purpose of opening an account and may also be used or disclosed for the secondary purposes of processing and delivery of your investment transactions and sending marketing material to keep you informed of your investments.
- Are over the age of 18 years and not of any legal disability.

INDIVIDUAL CLIENTS TO COMPLETE

Number of signatures required to authorise a transaction _____

Signature of Applicant 1	Print Full Name	Date
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Signature of Applicant 2	Print Full Name	Date
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Signature of Applicant 3	Print Full Name	Date
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COMPANY CLIENTS TO COMPLETE

Number of signatures required to authorise a transaction _____

Do not affix a common seal unless it is essential to sign the Agreement under seal. If essential, please ensure that it is executed in accordance with the constitution of the corporation/association.

Signed for Applicant by an Authorised Officer (Director/Secretary as named in Section B)

Signature of Authorised Officer	Name of Officer and Office Held	Date
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In the presence of

Signature of Witness	Name of Witness	Date
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Signed for Applicant by an Authorised Officer (Director/Secretary as named in Section B)

Signature of Authorised Officer	Name of Officer and Office Held	Date
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In the presence of

Signature of Witness	Name of Witness	Date
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IDENTIFICATION

Applicant to provide one of the following:

- Current passport with photograph
- Birth Certificate with one matching form of photo ID
- ID with signature (e.g. driver's license, employment ID)
- Certificate of Baptism/Christening with one matching form of photo ID with signature (e.g. driver's license, employment ID)
- Current Visa, MasterCard, American Express or Bank Access Card
- Certificate of Incorporation and/or Copy of Constitution

*All copies of Identification documents must be certified appropriately.

A certified copy is a document that has been certified as a true and accurate copy of the original document by one of the following persons below:

- A Commissioner of Oaths
- A Justice of the Peace
- Court Magistrates
- A Certified Practising Professional such as an accountant, a lawyer, Medical doctor.

The authorising person should print their name, their professional affiliate number e.g. CPA member number, affix and official stamp if possible and phone contact details.

BSP CAPITAL LIMITED BANK ACCOUNT DETAILS FOR TRANSFER OF FUNDS

Share Transactions

■ POMSx PGK Account

Bank: **BSP**
 Account Name: **BSP Capital Settlements account**
 BSB Code: **088 950**
 Account No.: **1001101797**

■ ASX PGK Account

Bank: **BSP**
 Account Name: **Capital Nominees Settlement**
 BSB Code: **088 294**
 Account No.: **1001612284**

■ ASX AUD Account

Bank: **Macquarie**
 Account Name: **Capital Nominees Ltd**
 BSB Code: **182 222**
 Account No.: **121016406**
 Swift Code: **BOSPPGPM**



Please quote your BCAP Account Number as your reference number. Contact your Client Advisor if you require this information.

VERY IMPORTANT: INFORM OUR OFFICE OF ANY DEPOSITS IMMEDIATELY

CLIENT BANK ACCOUNT DETAILS FOR PAYMENT OF FUNDS

CLIENT BANK ACCOUNT DETAILS

Bank: _____
 Account Name: _____
 BSB Code: _____
 Account No.: _____

FOR OFFICE USE ONLY

OFFICE A/C No.: _____ CLIENT ADVISER _____