



Complete the form below and please fax to: +61 7 3807 8070
 or scan & email to: accounts@gotmoneyfx.com.au

Company Application							
Company Name							
Company Number							
Director(s)							
Contact Person							
Contact Number							
Fax Number							
Registered Address							
Suburb		State		Postcode			
Postal Address <small>(if different from address)</small>							
Email Address							
Account Currency	<i>Please tick appropriate box</i>	AUD	<input type="checkbox"/>	USD	<input type="checkbox"/>		
How did you hear about us?							
<hr/>							
Signature of Applicant							
Print Name							
Date							



By signing this application or submitting it electronically you agree that:

1. You have read and understood the relevant disclosure documents terms and conditions and Financial Services Guide;
2. You understand the nature of and risks associated with investing in particular the risk of leverage.
3. You are authorised to trade in all Got Money FX products.
4. That the information that you have provided in this application form is true and correct and you will notify Got Money FX in writing if any information provided changes or ceases to be correct.
5. You understand that Got Money FX, in accordance with its Anti Money Laundering and Counter Terrorism Program, may make inquiries as to your identity.
6. This application form requires you to disclose personal information. The Privacy Policy is how we collect personal information and then how we maintain, use and disclose this information. By signing and returning this application form, you acknowledge having reviewed the Privacy Policy and you consent to us collecting, using and disclosing information about any person named in this application form for the purposes described in the Privacy Policy.



Director #1 Details				
Director Name				
Current Address				
Town		State		Postcode
Signature				
Print Name				
Date				

Director #2 Details				
Director Name				
Current Address				
Town		State		Postcode
Signature				
Print Name				
Date				



Identification For Director #1				
1 Medicare Number				
2 Tax File Number				
3 Passport Number				
Passport Country				
Name at Birth				
Place of Birth				
4 Drivers Licence Number		State		Expiry Date

Identification for Director #2				
1 Medicare Number				
2 Tax File Number				
3 Passport Number				
Passport Country				
Name at Birth				
Place of Birth				
4 Drivers Licence Number		State		Expiry Date

In addition to personal identification documents please submit the following company documents:
 Copy of Certificate of Incorporation
 Proof of registered trading address