

Application for APN Online | Adviser

This Application Form relates to the application for APN Online access. Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS. Start at the left of each space and leave a gap between words.

Adviser Details

Adviser name	Representative no.		
<input type="text"/>	<input type="text"/>		
Dealer group name	AFSL no.		
<input type="text"/>	<input type="text"/>		
Company name	Company main number	Direct number	
<input type="text"/>	()	()	
Company address (PO Box address is <u>not</u> acceptable)	Mobile number	Fax number	
Line 1	<input type="text"/>	()	
<input type="text"/>	IMPORTANT: Email address your APN Online ID will be emailed to you		
Line 2	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
Suburb/City/Town	State	Postcode	Web address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

APN Online provides you with the ability to view client account details that your clients hold with us. To view these investments you must be the authorised adviser of the investment. For verification purposes, please provide details of three client account name(s) and number(s) below.

Investment(s) for verification

1 Investor number	Account name
<input type="text"/>	<input type="text"/>
2 Investor number	Account name
<input type="text"/>	<input type="text"/>
3 Investor number	Account name
<input type="text"/>	<input type="text"/>

Declaration

I declare and agree that:

- My application is true and correct.
- I am the adviser for the above accounts.
- I acknowledge that an investment in a Fund does not represent an investment in or a deposit or other liability of APN Funds Management Limited (APN FM), APN Property Group Limited or any member of the APN Property Group.
- I will provide to APN FM or its nominee any information that APN FM reasonably requires in order to enable APN FM to comply with all its obligations under the Anti-Money Laundering Counter-Terrorism Financing Act 2006 and its associated rules (in force from time to time).
- I acknowledge that the information collected by APN FM (including in this application form) may be used for identification purposes, including via a third party verification service, to enable APN FM to comply with all its customer identification obligations under the Act and associated rules referred to above.
- I acknowledge that by signing this form I have read and agree to be bound by the terms and conditions set out at www.apngroup.com.au/apn/apnonline/apnonlineterms.aspx

Signature

Adviser name	Dealer/Adviser stamp
<input type="text"/>	<input type="text"/>
Signature	
<input type="text"/>	
Date	
<input type="text"/>	