

APPLICATION FORM

1. INDIVIDUAL / JOINT APPLICANT

Applicant 1

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Middle Name	Surname
<input type="text"/>		<input type="text"/>	<input type="text"/>
TFN (See clause 18 of the General Terms)		Home Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Place of Birth	Drivers Licence Number	Passport Number

Applicant 2

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Middle Name	Surname
<input type="text"/>		<input type="text"/>	<input type="text"/>
TFN (See clause 18 of the General Terms)		Home Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Place of Birth	Drivers Licence Number	Passport Number

Applicant 3

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Middle Name	Surname
<input type="text"/>		<input type="text"/>	<input type="text"/>
TFN (See clause 18 of the General Terms)		Home Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Place of Birth	Drivers Licence Number	Passport Number

2. COMPANY APPLICANT

Complete this section if this is a company application or a trust or superannuation fund application with a corporate trustee. This section is to be completed by 2 directors or 1 director and 1 company secretary, or if the company has only 1 director who is also the sole secretary (if any), that person.

<input type="text"/>	<input type="text"/>
Name of Company Applicant	ACN / ABN / ARBN (delete if inapplicable)
<input type="text"/>	<input type="text"/>
TFN (See clause 18 of the General Terms)	Country of Incorporation
Leave blank if a Trust or Superannuation applicant	Date of Incorporation (DD/MM/YYYY)

Director 1 / Sole Director

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Middle Name	Surname
<input type="text"/>		<input type="text"/>	<input type="text"/>
TFN (See clause 18 of the General Terms)		Work Phone	Home Phone / Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Date of Birth	

Director 2 / Company Secretary

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Middle Name	Surname
<input type="text"/>		<input type="text"/>	<input type="text"/>
TFN (See clause 18 of the General Terms)		Work Phone	Home Phone / Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Date of Birth	

3. TRUST OR SUPERANNUATION FUND

Complete this section if the Applicant is applying in its capacity as trustee of a trust or superannuation fund. Corporate Trustees must also complete section 2.

<input type="text"/>	<input type="text"/>
Name of Trust or Superannuation Fund	ABN
<input type="text"/>	<input type="text"/>
TFN (See clause 18 of the General Terms)	

Trustee 1

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Middle Name	Surname
<input type="text"/>		<input type="text"/>	<input type="text"/>
TFN (See clause 18 of the General Terms)		Work Phone	Home Phone / Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Date of Birth	

Trustee 2

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Middle Name	Surname
<input type="text"/>		<input type="text"/>	<input type="text"/>
TFN (See clause 18 of the General Terms)		Home Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Mobile	

4. IDENTIFICATION

- If this is an individual application please attach a current certified copy of your current driver's licence (with photo) or passport and a recent utility bill (phone, gas or electricity).
- If this is a Company application please attach current certified copies of the drivers licence (with photo) or passport of all relevant beneficial owners (or their directors) and controllers (or their directors) of the company. A relevant beneficial owner is a person who owns more than 15% of the company (or more than 10% of the company if they are an individual).
- If this is a Trust application please attach a current certified copy of the Trust Deed to this form. Please also attach current certified copies of the drivers licence (with photo) or passport of the controller/protector (or its directors) and the settlor/guarantor (or its directors) of the trust.

(Documents may be certified as a true copy of the original by a justice of the peace, lawyer with current practising certificate, registered chartered accountant or any other person authorised by law to witness the signing of a statutory declaration.)

5. ACCOUNT DESIGNATION

Account designation Maximum 28 Characters. Please abbreviate if necessary. Note that only individuals or legal entities are allowed to be registered as the holder of securities. Your account designation should include the name of one or more individuals or legal entities, though that name may be followed by a designation (eg, Mr John Alfred Smith <Second Account>).

6. POSTAL AND REGISTRATION DETAILS (this section is mandatory)

Postal Address

Although a PO Box address can be used, One of the addresses, either the Postal or Registration address MUST be a residential address.

Post Code

Country

Registration Address

The Applicant's financial products will be registered at this address
Leave Blank if the same as the postal address

Post Code

Country

7. CONFIRMATIONS (this section is mandatory)

Note that a confirmation of each transaction executed for the Applicant will be sent directly to the Applicant and a copy will be sent to the Intermediary. Please indicate how you would like to receive your confirmations. An email address is required if you are trading Exchange Traded Options.

Do you wish to receive confirmations by email? Yes No

This must be the email address of the Applicant (if the Applicant is a company, the email address of a director or employee of the company) and not that of a third party.

Do you wish to receive confirmations by Fax? Yes No

Fax Number:

Do you wish to receive confirmations by Post? Yes No

8. STATUS

Is the Applicant an employee, consultant, director, partner, affiliate or responsible executive of another Participant of ASX Group?

Yes Description of Relationship

9. CASH MANAGEMENT TRUST AUTHORITY

To open an account with UBSSA you must specify a Cash Management Trust ("CMT") account that is in the name of the applicant in respect of which UBSSA is authorised to debit or credit proceeds in order to settle any transactions executed for you. The responsible entity of the CMT must be an Australian branch of an Australian Authorised Deposit-taking Institution approved by the Intermediary and UBSSA for this purpose. You should ask the Intermediary for details of approved CMTs.

Name of Cash Management Trust

BSB Number

Account Name

Account Number

10. DIRECT DEBIT REQUEST

Do you request UBSSA to directly debit from your bank (or other financial institution) account listed below any amount required to settle any transactions executed for you? The account must be with an Australian Authorised Deposit-taking Institution or an Australian branch of a Foreign Authorised Deposit-taking Institution.

Yes No

Account Name

BSB Number

Account Number (last 9 digits only)

11. WARRANT TRADING

Do you wish to trade in warrants? You must mark 'Yes' to section 14.9 below to trade in warrants.

Yes No

12. DERIVATIVES TRADING

Do you wish to trade in derivatives? (See the Derivatives Terms.) You must mark 'Yes' to sections 14.10 and 15.5 below to trade in derivatives.

Yes No

13. SOURCE OF WEALTH

14. ACKNOWLEDGEMENTS

By signing this application form in section 16 you acknowledge that you have received, read and understood each of the following documents:

- 14.1 UBS Securities Australia Limited Financial Services Guide
- 14.2 Explanation of CHESSE Sponsorship Agreement
- 14.3 ASX Explanatory Booklet on Warrants (if applicable – see section 11 above)
- 14.4 ASX Explanatory Booklet on Derivatives (if applicable – see section 12 above)
- 14.5 UBSSA Product Disclosure Statement in relation to ASX Derivatives (if applicable – see section 12 above)

By signing this application form in section 15 you acknowledge that you have received, read and understood each of the following document and you agree to be bound by each of those documents:

- 14.6 General Terms
- 14.7 Sponsorship Terms
- 14.8 Direct Debit Request Service Agreement
- 14.9 Warrant Client Agreement (if applicable – see section 11 above) Yes No
- 14.10 Derivatives Terms (if applicable – see section 12 above) Yes No

15. COPIES OF DOCUMENTS

Have you attached the following documents to this form? (UBSSA will be unable to open an account unless the required documents are attached.)

- 15.1 Current certified copies of identification documents for each applicant (see section 1 and 4 above) Yes
- 15.2 Current certified copy of the following documents (if applicable – see section 2 and 4 above)
 - (a) Identification documents for the relevant beneficial owners of the company Yes N/A
 - (b) Identification documents for the controllers of the company Yes N/A
- 15.3 Current certified copy of the following documents (if applicable – see section 3 and 4 above)
 - (a) The Trust Deed Yes N/A
 - (b) Identification documents for the controller / protector of the trust Yes N/A
 - (c) Identification documents for the settlor / guarantor of the trust Yes N/A
- 15.4 Warrant Client Agreement (if applicable – see section 11 above) Yes N/A
- 15.5 ACH Registered Holder Collateral Cover Authorisation form (if applicable – see section 12 above) Yes N/A
- 15.6 Client Intermediary Authorisation form Yes
(Required to authorise your Adviser to be able to place orders with UBSSA on your behalf)

16. EXECUTION (this section is mandatory)

Executed by the Applicant(s) (Note that if this is a company application, this agreement must be executed by 2 directors or 1 director and 1 company secretary, or if the company has only 1 director who is also the sole secretary (if any), that person.)

Applicant 1 / Director 1 / Sole Director / Trustee 1 (delete whichever is not applicable)

<input type="text"/>	<input type="text"/>
Signature	Name
<input type="text"/>	<input type="text"/>
Signature of Witness	Name of Witness
	<input type="text"/>
	Date

Applicant 2 / Director 2 / Company Secretary / Trustee 2 (delete whichever is not applicable)

<input type="text"/>	<input type="text"/>
Signature	Name
<input type="text"/>	<input type="text"/>
Signature of Witness	Name of Witness
	<input type="text"/>
	Date

Applicant 3 (delete whichever is not applicable)

<input type="text"/>	<input type="text"/>
Signature	Name
<input type="text"/>	<input type="text"/>
Signature of Witness	Name of Witness
	<input type="text"/>
	Date

Please return all pages of this Application Form to the Intermediary

OFFICE USE ONLY

UBSSA agrees to be bound by the following documentation:

- | | | |
|-----------------------|--|---------------------------------------|
| (a) General Terms | (c) Direct Debit Request Service Agreement | (e) Derivatives Terms (if applicable) |
| (b) Sponsorship Terms | (d) Warrant Client Agreement (if applicable) | |

EXECUTED by an authorised signatory of **Novus Capital Limited** as an authorised signatory for **UBS SECURITIES AUSTRALIA LIMITED** in the presence of:

<input type="text"/>	<input type="text"/>	CHES Sponsorship <input type="text"/>
Signature of Officer	Signature of Witness	
<input type="text"/>	<input type="text"/>	Holder Identification Number (HIN)
Name of Officer (print)	Name of Witness (print)	
Authorised Signatory		
<input type="text"/>	<input type="text"/>	
Office Held	Date	