

INSTRUCTIONS FOR COMPLETION

If you wish to be treated by Saxo Capital Markets (Australia) Pty Ltd (SCM) as a Wholesale Investor and meet the requirements as set out below in Part A for a Wholesale or Professional Investor, please complete the following;

- If you are a professional Investor, please complete Part A only.
- If you are a Wholesale Client for the purpose of;
net assets of at least \$2.5 million; or
gross income of \$250,000 or more for each of the last 2 financial years;

Please complete Part A and Part B. Alternatively, please only complete Part A.

FOR THE PURPOSE OF PART B - QUALIFIED ACCOUNTANT CRITERIA

Professional Body	Declared membership classifications
The Institute of Chartered Accountants in Australia	CA, ACA and FCA
CPA Australia	CPA and FCPA
Institute of Public Accountants (IPA)	AIPA, MIPA and FIPA
Eligible foreign professional bodies <ul style="list-style-type: none"> • The American Institute of Certified Public Accountants; • Association of Certified Chartered Accountants (United Kingdom); • Canadian Institute of Chartered Accountants; • Institute of Chartered Accountants of New Zealand; • The Institute of Chartered Accountants in England and Wales; • The Institute of Chartered Accountants in Ireland; • The Institute of Chartered Accountants of Scotland. 	<p>Under ASIC declaration qualified accountant if you are a member of one of the eligible foreign professional bodies listed in the following section and you:</p> <p>have at least three years' practical experience in accounting or auditing, and are only providing a certificate for the purposes of ss708(8)(c) and 761G(7)(c) to a person who is resident in the same country (other than Australia) as yourself.</p>
<p><i>Under Chapters 6D and 7 certificates are valid for up to two years after they were issued.</i></p>	

PART A - WHOLESALE INVESTOR DETAILS

WHOLESALE INVESTOR DETAILS

Name of Investor			
Name of Entity (if applicable)			
Address	City:	State:	Post code:
Email			
Telephone			

"I wish to be treated by Saxo Capital Markets as a 'Wholesale Client' or 'Professional Investor' based on the following Option:" *Please tick appropriate boxes.*

☐ Option 1 - Wholesale Client

- ☐ (i) I have net realisable assets of at least \$2.5 million; or
- ☐ (ii) I have gross income of \$250,000 or more for each of the last 2 financial years; or

Please ensure Part B is completed by a Qualified Accountant.

- ☐ I control a company or trust and meet one of the requirements listed above in (i) or (ii).

Please ensure Part B is completed by a Qualified Accountant.

☐ Option 2 - Professional Investor

- ☐ I am an Australian Financial Services Licensee; or
- ☐ I am a body regulated by APRA, other than a trustee of any of the following (within the meaning of the Superannuation Industry (Supervision) Act 1993):
 - I am a body registered under the Financial Corporations Act 1974; or
- ☐ I am the trustee of:
 - an approved deposit fund; or
 - a pooled superannuation trust; or
 - a public sector superannuation scheme;
 within the meaning of the Superannuation Industry (Supervision) Act 1993 and the fund, trust or scheme has net assets of at least \$10 million; or
- ☐ I have and controls at least \$10 million (including any amount held by an associate or under a trust that I manage); or
- ☐ I am a listed entity, or a related body corporate of a listed entity; or
- ☐ I am an exempt public authority; or
- ☐ I am a body corporate, or an unincorporated body, that:
 - carries on a business of investment in financial products, interests in land or other investments; and
 - for those purposes, invests funds received (directly or indirectly) following an offer or invitation to the public, within the meaning of section 82, the terms of which provided for the funds subscribed to be invested for those purposes;
 - is a foreign entity that, if established or incorporated in Australia, would be covered by one of the preceding paragraphs.

Please ensure you provide proof of evidence with this application.

PART A - WHOLESALE INVESTOR DETAILS CONT'D

Wholesale Investor Confirmation & Declaration:

- I will immediately notify Saxo Capital Markets should I cease to meet the above ticked option as a Wholesale Investor.
- I acknowledge and accept the loss of retail client protection provisions of the Corporations Act which includes but is not limited to receiving SCM' Financial Services Guide, Product Disclosure Statement, Risk Disclosures, Dollar Disclosures and access to External Dispute Resolution.
- I have satisfied myself that I understand the legal and financial implications of becoming a Wholesale Investor.
- I acknowledge that as a Wholesale Client, the certificate provided by a qualified accountant is only valid for a period of 2 years from the date of issue as permitted by the Corporations Act, and it is my responsibility to provide SCM with a renewed certificate prior to its expiration.

Signature of Wholesale Investor	
Date	

PART B - CERTIFICATE BY A QUALIFIED ACCOUNTANT

QUALIFIED ACCOUNTANT DETAILS			
Name of Accountant			
Name of Company			
Address	City:	State:	Post code:
Telephone			

Having reviewed the financial position, I certify that _____ whose details are set in Part A has:

- ☐ net realisable assets of at least \$2.5 million; or
- ☐ gross income of \$250,000 or more for each of the last 2 financial years.

I belong to _____ professional body. My membership designation from this professional body is _____, and am bound to comply with this body's continuing professional educational requirements.

Signature of Qualified Accountant	
* Date of issue of Certificate	

**I acknowledge that this certificate is valid for a period of 2 years from the date of issue as permitted by the Corporations Act.*