



ABN 50 001 430 342  
AFS License: 241737

Participant of ASX Group

**Office**  
Suite 404, 161 Walker Street  
North Sydney NSW 2060

Phone: (02) 9033 8383  
Email: morrison.admin@morrisonsecurities.com  
Website: www.morrisonsecurities.com

## Request to add Authorised Operator

This form is required if you wish to give **another person** the authority to trade and provide financial instructions on your account. Identification details of the Authorised Agent supporting their name and signature is also necessary

Date : \_\_\_/\_\_\_/\_\_\_\_\_

### Details of the Trading Account :

Account Name : \_\_\_\_\_

Trading Account Number : \_\_\_\_\_

### Authorised Agent Contact Details

Title Mr  Mrs  Miss  Other

Given Name/s

Surname

Date : \_\_\_/\_\_\_/\_\_\_\_\_

ID Attached (certified copy)

Passport  Driving Licence

Email

### Signature of Authorised Agent

### Residential Address (mandatory)

State  Postcode

### Postal Address ( if different from Residential Address)

State  Postcode

### Phone Numbers

Home  Work

Mobile

Please send a copy of confirmations to my / our Authorised Agent

**Declaration and Signature:** I/We give the Authorised Agent whose signature appears as Authorised Agent in this application form the authority to do all things and execute all documents in my/our name and on my/our behalf as permitted under the Morrison Securities Client Terms and Conditions until further notice and in respect of all sub-accounts held in my/our names, including (but not limited to) general trading, internet trading, options, warrants, futures, cash, managed funds and margin lending. I/We acknowledge that this authority does not permit the Authorised Agent to 1. Change the account holder's address 2. Open or close other account in my/our name 3. Arrange payment to themselves. I/We authorise Morrison Securities to act upon any instruction of my/our Authorised Agent under this authority and undertake to ratify whatever my/our Authorised Agent lawfully does under this authority.

### Account Holder 1 / Director

Title Mr  Mrs  Miss  Other

Name

Signature

Date : \_\_\_/\_\_\_/\_\_\_\_\_

### Account Holder 2 / Director

Title Mr  Mrs  Miss  Other

Name

Signature

Date : \_\_\_/\_\_\_/\_\_\_\_\_

### Details of Witness (must be someone other than the Account Holder and Authorised Agent)

Name

Address

State  Postcode

### Signature

Date : \_\_\_/\_\_\_/\_\_\_\_\_