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Participant of ASX Group

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## **LEVERAGED EQUITIES ADVISER ACCESS AUTHORITY**

Account Manager  
Leveraged Equities Pty Limited  
Level 1, 175 Pitt Street  
SYDNEY NSW 2000

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

Dear Sir or Madam:

### **Re: - Appointment of Broker**

We request that you make Morrison Securities Pty Limited as exclusive broker to our account and enable them to receive information electronically and to pay any advisor commission to them.

We also authorise Leveraged Equities to remove other broker, if any from this account and in future so not replace it with other broker, unless advised by client to Morrison Securities in writing.

We also authorise you to pay monthly Internet subscription/ any other charges on request to Morrison Securities Pty Limited and recover the same from our account.

Our account details are

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

Leverage Facility Number: \_\_\_\_\_

**Yours Faithfully**

Account Signatories

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

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

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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