

Client Details Form

Please complete this form and return to:

Merchant Funds Management Pty Ltd

PO Box 883

Nedlands WA 6909

Investor Details

Investor 1

First Name _____ Surname /Company Name _____

Investor 2

First Name _____ Surname /Company Name _____

Designation _____

Contact Details

Address _____

Suburb _____ State _____ Postcode _____

Contact Telephone _____ Email _____

Banking Details

Financial Institution _____ Branch _____

Account Name _____

BSB _____ Account Number _____

Financial Advisor Information

Financial Advisor Name: _____

Dealer Group Name: _____

Dealer Group Contact Details: _____

Tax File Number* / Exception Code* / ABN *

Investor 1 Tax File Number _____ Tax Exemption _____

Investor 2 Tax File Number _____ Tax Exemption _____

*Note: If you do not supply a Tax File Number, exception code or ABN, any payment you receive may be charged at the highest marginal rate of tax (plus medicare)

Signature(s)

Signature (Investor 1) _____ Date: _____

Signature (Investor 2) _____ Date: _____