

TRANSFER CHESS HOLDINGS form

If you have CHESS Sponsored holdings with another broker and would like to transfer them to **CMC Markets Stockbroking**, please complete this form and return this with a copy of your certified ID for signature verification.

Please email your completed and signed form and a copy of your certified ID to scrip@cmcmarkets.com.au

Certified documentation

In order for your certification to be accepted, it must be signed and dated (within the last three months) and the certifier is to state that the document is a certified copy of an original. They must provide their name, address, phone number, and in what category of certifier they fall.

For a full list of acceptable certifiers refer to: www.comlaw.gov.au/Details/F2007L01000 (Section 1.2.1)

A copy of one of the following documents will be accepted once certified:

- **Driver's licence** (front and back) – MUST be current
- **Australian passport** – current or expired within the past TWO years
- **Overseas passport** – MUST be current and show the signature page

Section A – Existing Sponsoring Broker Details

In order to transfer your holdings from your existing broker we require the following information:

Name of Existing Broker _____

HIN with Existing Broker

Proceed to **SECTION B** >

Section B – Holdings to be Transferred

Select ONE of the below holdings transfer options:

HIN and All Holdings
 If 'HIN and All Holdings' is selected, your HIN will be transferred from your existing broker as long as you do not have an active HIN with CMC Markets Stockbroking.

ASX Code

Selected Holdings (please list)
 If you transfer selected holdings only, the company whose securities you are transferring will treat you as a new holder. It may be necessary to re-lodge your current instructions such as DRP or banking details with the share registries.

Security Name	Quantity

Please email your completed and signed form to scrip@cmcmarkets.com.au

Proceed to **SECTION C** >

Section C – Current Account Details

When completing the following section, please ensure this matches your existing sponsorship details.

Client Account Number:

Account Holder 1
(or Company name) _____

Account Holder 2
(if applicable) _____

Account Designation < _____ Account>
(if applicable)

ACN
(if Company) _____

Residential Address
(PO Box not allowed) _____

Suburb/Town _____ State _____ Postcode _____

Postal Address
 Same as above _____

Suburb/Town _____ State _____ Postcode _____

Proceed to **SECTION D** >

Section D – Client Agreement

Date: ____ / ____ / 20____

Account Holder / Director / Trustee 1

Account Holder / Director / Trustee 2

Client Signature(s) _____

Name(s) (printed) _____

Title (if company)
e.g. director, officer, secretary _____

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