

CLIENT AUTHORISATION - AUTHORISED SIGNATORIES FOREIGN EXCHANGE DEALING REPRESENTATIVE

BELL FX



To **Bell Potter Securities Limited (AFSL No. 243480), trading as Bell Foreign Exchange**

(“Bell FX”)

I/We _____ (“Name of Client”)

of _____ (“Address of Client”)

HEREBY AUTHORISE THE UNDERMENTIONED REPRESENTATIVES OR EMPLOYEES AS FOLLOWS:

FOREIGN EXCHANGE DEALING REPRESENTATIVES

To enter into foreign exchange transactions with Bell FX on behalf of the client in accordance with the Foreign Exchange Agreement

Dated _____ between Bell FX and the Client

| | |
|-----------|-----------|
| Full Name | Signature |
| Title | |

| | |
|-----------|-----------|
| Full Name | Signature |
| Title | |

| | |
|-----------|-----------|
| Full Name | Signature |
| Title | |

| | |
|-----------|-----------|
| Full Name | Signature |
| Title | |

EXECUTED BY

| | |
|--------------------------|--|
| Name 1 | Signature of Director / Authorised Signatory |
| Date (dd/mm/yyyy) / / | |

| | |
|--------------------------|--|
| Name 2 | Signature of Director / Authorised Signatory |
| Date (dd/mm/yyyy) / / | |

CLIENT AUTHORISATION - AUTHORISED SIGNATORIES FOREIGN EXCHANGE DEALING REPRESENTATIVE

BELL FX

BELL POTTER

CLIENT EMAIL ADDRESSES

To send acknowledgement to Bell FX. Only listed email addresses will be recognised.

| | |
|-----------|-------|
| Full Name | Email |
| Full Name | Email |
| Full Name | Email |
| Full Name | Email |
| Full Name | Email |

EXECUTED BY

| | |
|--------------------------|--|
| Name 1 | Signature of Director / Authorised Signatory |
| Date (dd/mm/yyyy) / / | |
| Name 2 | Signature of Director / Authorised Signatory |
| Date (dd/mm/yyyy) / / | |

CLIENT AUTHORISATION - AUTHORISED SIGNATORIES FOREIGN EXCHANGE DEALING REPRESENTATIVE



SETTLEMENT INSTRUCTIONS

To issue foreign exchange settlement instructions and to carry out, effect and generally instruct Bell FX in relation to all activities associated with the Client's accounts, the following is to occur:

Instructions to establish a beneficiary as a Standard Settlement Instruction ("SSI") or instructions to pay a beneficiary that is not establish as as an SSI must be authorised by of the persons below.

Instructions to pay a beneficiary in accordance with an established SSI, unless otherwise stated, must be authorised by one of the persons below.

| | |
|-----------|-----------|
| Full Name | Signature |
| Title | |

| | |
|-----------|-----------|
| Full Name | Signature |
| Title | |

| | |
|-----------|-----------|
| Full Name | Signature |
| Title | |

| | |
|-----------|-----------|
| Full Name | Signature |
| Title | |

EXECUTED BY

| | |
|--------------------------|--|
| Name 1 | Signature of Director / Authorised Signatory |
| Date (dd/mm/yyyy) / / | |

| | |
|--------------------------|--|
| Name 2 | Signature of Director / Authorised Signatory |
| Date (dd/mm/yyyy) / / | |