

ASX CLEAR / CLEAR (FUTURES) AUTHORISED SIGNATORY APPOINTMENT FORM



1. **New applicants:** submit completed form together with other application documents (refer to application form for submission details).
2. **Existing Participants:** submit completed form to compliance@asx.com.au.

Participant/Applicant Name:	
Date:	

ASX Clear and ASX Clear (Futures) Participants are required to appoint the following types of authorised signatories with ASX:

Authorised Signatory Type:		Authorisation Description:
A	ASX Clear (Futures) Participants	ASX Clearing Risk Management Authorised Signatory Grant authority for non-director individuals to certify on behalf of the Participant: <ul style="list-style-type: none"> • Net Tangible Asset (NTA) Capital returns required to be submitted to ASX Clear (Futures) Pty Ltd
B	ASX Clear Participants clearing ASX Options Market Contracts (ETOs)	ASX Clearing & Settlement Operations Authorised Signatory Grant authority to individuals to sign the following documents relating to ASX ETO products: <ul style="list-style-type: none"> • Collateral transfers (Form C3 – Transfer of Collateral between Participants) • Emergency assistance (ASX Clear Operating Rule 6.9)
C	All ASX Clear (Futures) Participants	ASX Clearing & Settlement Operations Authorised Signatory Grant authority to individuals to sign the following ASX Clear (Futures) operations forms: <ul style="list-style-type: none"> • Automatic Payment of Daily Excess Cash in Clearing Accounts • Single Sign On access request form, providing access to ASX Static Data Portal, ASX Margin Control Access and ASX Margin Simulator Access systems. • Collateral Client Consent Form • Collateral Lodgement Forms • Collateral Release Forms • Contract Re-Instatement Request • sFTP Form • Transfer of positions • Delivery Documentation ** <i>**Cross out if you wish to supply different authorities for delivery documentation (in which case a separate "Authorised Signatory List – Delivery Documentation" form must be supplied to ASX)</i> • EFPs & EFP Amendments/Cancellations • Ending Position Confirmation • Request for Commission Adjustment • Request for Fee Adjustment • Clearing Systems Access Forms

The individuals listed on page 2 of this form are appointed as authorised signatories of the applicant/participant:

.....
Signature

.....
Signature

.....
Name and office/ capacity

.....
Name and office/ capacity

.....
Date

.....
Date

Execution instructions <ul style="list-style-type: none"> • Execution must be by a person or persons authorised to execute this document on behalf of the applicant. The execution block above can be adapted where necessary to meet the requirements of the form of execution. • For Australian registered companies, execution should be under section 127 Corporations Act or power of attorney. • Executions under power of attorney must be witnessed and a certified copy of the power of attorney provided together with the application form. Each attorney executing this document declares that the attorney has no notice of the revocation or suspension of the power of attorney. • If execution is by an entity other than an Australian registered company, additional evidence of authorisation may be required.
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Privacy Statement This information in this form is collected by ASX to facilitate compliance with the ASX Operating Rules. Failure to provide this information to ASX is likely to prevent ASX from being able to assist the Participant in performing its obligations under the ASX Operating Rules. Should you wish to, you can access the information you provide to ASX in this Form by contacting ASX Participants Compliance. ASX may from time to time use external service providers but will not disclose personal information you provide to any other organisations or individuals, unless required or authorised by law to do so or unless you consent to the disclosure. ASX does not generally provide personal information to overseas parties and if you would like to contact us or lodge a complaint please refer to the ASX's Privacy Statement at www.asx.com.au/about/privacy-statement.htm for further details.



PLEASE SELECT ONE OPTION:

ADD TO EXISTING LISTS

REPLACE ALL PREVIOUS LISTS FOR THE SIGNATORY TYPE

Signatory Type (A, B or C)	Full Name	Position/Title	Email Address	Telephone	Specimen Signature

Append a separate list if additional signatories are required

SPECIFY SIGNING INSTRUCTIONS (applies to Type B and Type C signatories only):

ANY ONE ANY TWO OTHER: _____