

**AUSTRALIAN FINANCIAL SERVICES LICENCEE
ADVISER REGISTRATION FORM**

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Fax: +61 (0) 8 8178 0257
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Dealer Name:	
AFS License No:	

Contact Name:	
Position Held:	
Street Address:	
Postal Address:	
Commission Address:	
ABN:	
Telephone Number:	Mobile Number:
Fax Number:	Contact Email Address:
Email Address for Commissions:	
Bank:	
BSB:	Account No:

Adviser Name / Authorised Representative:	
Adviser Company / Trading Name:	
Adviser to have access and updated for X-Plan?	Yes No Tick one box only

Street Address:	
Postal Address:	
Telephone Number	Mobile Number:
Fax Number:	Email Address

Registered for GST	Yes No Tick one box only
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Signature	
Date signed:	