

Dealer registration – Non AFSL

Use this form to register a company that does not hold an Australian Financial Services Licence (AFSL) number with Macquarie to distribute Macquarie Cash Management Accounts and Macquarie Cash Management Accelerator Accounts. For Macquarie Wrap Products, please use the *Dealer registration – AFSL* form.

In addition to this form, to access Macquarie Online services, you, any financial services professionals and employees will be required to complete the *Support staff registration form*.

1. Dealer information

All fields marked with a rec	l asterisk (*) are mandatory.				
Dealer/Company name:			Dealer code (if known):		
- /					
Type of company SMSF Administrator	Mortgage Broking Practice	Legal Practice	Accounting Firm	Margin Lender	
*Australian Business Number (AB	N):	*ACN:			
Name of ABN holder (if different	from company name):				
Does your company hold an Aust No	ralian Financial Services Licen	ce (AFSL) number?			
Yes, please use the Macquarie Dealer registration - AFSL form					
*A. Company contact information					
Please tick if the dealer already exists on file					
If the dealer is existing on file, please update the contact information for the company below.					
Registered address (cannot be a F	PO Box):				
Suburb:		State:			
Postcode:		Country:			

AUSTRALIA

1. Dealer information (Continued)

Postal address (if different from office address):

Suburb:	State:	
Postcode:	Country: AUSTRALIA	
Office phone number:	Office email address:	
Principal Place of business:		
Suburb:	State:	
Postcode:	Country:	
	AUSTRALIA	

*B. Details of main contact

Name of contact person:

Mobile number:

Email address:

2. Entity details

\triangle	All	fields	are	mandatory.
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How long has the firm been operating?

Business model/client base: (eg, Is the client base diversified or focussed on one/few segments (ie retail clients being advised into SMSFs)?

Key management: Name of Directors, COO, Head of Compliance?

Compliance structure: What internal oversight is there of the service provided to your clients. Are these services subjected to internal/external audits etc. Please provide name and contact details of appointed Compliance representative.

Audit reports: Copies of 2 most recent audit reports over the business and its internal controls.

Attach audit report 1 Attach audit report 2

Please outline any issues over the last 5 years (regulatory notices etc)

2. Entity details (Continued)

What vetting is undertaken over clients/third parties etc: Description of any internal processes in place to determine the potential risk a prospective client poses to the organisation

Macquarie's ability to contact end clients: Please confirm that the entity understands that, from time to time, Macquarie may contact the end client to verify transactions and other information.

Yes No

Memberships: Is the entity a member of a registered body (ie CA etc) and if so, provide their membership number (inc. for all Directors)

Pl insurance: Does the entity hold Pl insurance. Please provide a copy of the current Pl insurance certificate.

Yes

Attached PI insurance certificate

No

3. Company GST information

This section is only applicable if you are eligible to receive payments.

We require your GST information for purposes of adviser service fees or other payments.

Is the Company registered for GST?

Yes No

Is the Company a resident of Australia for income tax purposes?

Yes No, please provide country of residence for income tax purposes:

4. Dealer level access

Allows the Representatives specified in this section to view information about the Company and Macquarie accounts that have been established and/or administered by the Company's representatives and if applicable, receive statements regarding payments to the Company.

Before accessing Adviser Online you should carefully read the Adviser Online Terms and Conditions available on our website at **macquarie.com.au/site/adviser-online/terms-and-conditions.html**.

These Terms and Conditions must be read together with the **Macquarie Banking Terms and Conditions (Banking T&Cs**). The Banking T&Cs govern your use of Adviser Online including any payments you make or instructions you submit on behalf of your Clients in relation to Cash Hub Accounts. You can also use Adviser Online to access other Macquarie Products and submit investment instructions for them – in doing so, we will communicate instructions to and from the relevant product issuer.

By signing this section, you confirm that:

- you agree to the Adviser Online Terms and Conditions and the Macquarie Banking Terms and Conditions
- you agree to our Privacy Policy available on macquarie.com.au and for your identity to be verified electronically using government sources and information held by our credit reporting agencies, such as Equifax.
 Go to macquarie.com.au/everyday-banking/macquarie-client-identity-verification to learn more.

All fields marked with a red asterisk (*) are mandatory.

5. Dealer level access (Continued)

Representative 1	inacaj		
Please select your role:			
Support Staff			
Other Financial Services Professional			
Title: Name:			
Any other name known by:		Macquarie ID (if know	wn):
*Date of birth:		*Mobile number:	
*Email address:			
Is your postal address the same as stated Yes No, please provide your p Street name and number:			
Suburb:	State:		Postcode:
*Electronic Verification			
I have attached a certified copy of my	government identification		
No > please complete the below	Yes ► go to s	ection 6	
Government Identification Details (Th	his is for verification nurne	oses only)	
ID type (Drivers Licence, Passport, Proof of Age)	Licence/Document n		State of Issue (if using a passport, input Country of Issue)
Drivers licence card number (Only if pr	resent on ID):		
Residential address – Street number a	and name:		
Suburb:	State:		Postcode:

Representative Signature 1:

Date:

5. Dealer level access (Continued	5.	Dealer lev	el access	(Continued)
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5. Dealer level access (COIII	Linueu)		
Representative 2			
Please select your role:			
Support Staff			
Other Financial Services Professional			
Title: Name:			
Any other name known by:	М	1acquarie ID (if kno	wn):
Date of birth:	1	Mobile number:	
*Email address:			
Is your postal address the same as stated	in section 1A?		
Yes No, please provide your p	oostal address		
Street name and number:			
Suburb:	State:		Postcode:
*Electronic Verification			
I have attached a certified copy of my	government identification		
No > please complete the below	w Yes ▶ go to sec	tion 6	
Government Identification Details (T	his is for verification purpos	es only)	
ID type	his is for vernication purpos	es only)	State of Issue
(Drivers Licence, Passport, Proof of			(if using a passport, input Country of
Age)	Licence/Document nur	mber	lssue)
Drivers licence card number (Only if pr	recent on ID).		
	resent offic).		
Residential address – Street number a	and name:		
Suburb:	State:		Postcode:

Representative Signature 2:

Date:

Macquarie ID is a unique code allocated to you. Please do not share this with others. If you do not have a Dealer code or Macquarie ID we will automatically issue you one and email it to the email address listed in this section.

6. Declaration and signature

Please ensure this form is executed by two directors, a director and secretary or a sole director.

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By signing this section, you confirm that:

- you agree to the Adviser Online Terms and Conditions and the Macquarie Banking Terms and Conditions
- you agree to our Privacy Policy available on **macquarie.com.au** and for your identity to be verified electronically using government sources and information held by our credit reporting agencies, such as Equifax.

Go to macquarie.com.au/everyday-banking/macquarie-client-identity-verification to learn more.

All fields are mandatory				
Title:	Name:			
Any other name known by:		Corporate title:		Country
Director Identification Number (D	NN):	Director	Sole Director	Secretary

Electronic Verification - I have attached a certified copy of my government identification				
No > please complete the below	Yes below not required			
Date of birth:				
Government Identification Details (This	s is for verification purposes only)			
ID type (Drivers Licence, Passport, Proof of Age)	Licence/Document number	State of Issue (if using a passport, input Country of Issue)		
Drivers licence card number (Only if pres	ent on ID):			
Residential address - Street number and	d name:			
Suburb:	State:	Postcode:		
ignature 1:				

Date:

6. Declaration and signature (Continued)

nue. Name.		
Any other name known by:	Corporate title:	
	Director	Secretary
Director Identification Number (DIN):		
Electronic Verification - I have attache	ed a certified copy of my government iden	tification
No 🕨 please complete the below	Yes below not required	
Date of birth:		
Government Identification Details (Th	nis is for verification purposes only)	
ID type		State of Issue
(Drivers Licence, Passport, Proof of Age)	Licence/Document number	(if using a passport, input Country of Issue)
Drivers licence card number (Only if pr	esent on ID):	
Residential address - Street number a	and name:	
Suburb:	State:	Postcode:

Signature 2:



Submit Sign Email to adviser@macquarie.com Wet signature, or Electronic signature from an approved provider. Visit Adviser Help Centre to view our requirements.

Need Help?

For more information, please visit Adviser Help Centre.