



## New Client Detail Form

Please use block letters to complete this Form.

Please complete this Form and send to:  
Mariner Securities Limited  
Reply Paid 1784  
ROYAL EXCHANGE NSW 1224

### Investor Details

Investor 1  
First Name \_\_\_\_\_ Surname / Company Name: \_\_\_\_\_

Investor 2  
First Name \_\_\_\_\_ Surname / Company Name: \_\_\_\_\_

### Contact Details

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Contact Telephone \_\_\_\_\_ Email \_\_\_\_\_

### Banking Details

Please pay all distributions and payments to the following account:

Financial Institution \_\_\_\_\_ Branch \_\_\_\_\_

Account Name \_\_\_\_\_

BSB \_\_\_\_\_ Account Number \_\_\_\_\_

### Financial Adviser Information

Financial Adviser Name: \_\_\_\_\_

Dealer Group Name: \_\_\_\_\_

### Tax File Number\* / Exception Code\* / ABN\*

Investor 1 Tax File number \_\_\_\_\_ Tax Exemption \_\_\_\_\_

Investor 2 Tax File number \_\_\_\_\_ Tax Exemption \_\_\_\_\_

*Note: if you do not supply a Tax File Number, exception code or ABN, any payment you receive may be charged at the highest marginal rate of tax (plus medicare)*

### Signature(s)

Signature (investor 1) \_\_\_\_\_ Date: \_\_\_\_\_

Signature (investor 2) \_\_\_\_\_ Date: \_\_\_\_\_