

APPLICATION FOR INDIVIDUAL OR JOINT ACCOUNT

You are required to provide a minimum of 2 types of documentation when opening or maintaining an account with Guardian Vaults Melbourne or Guardian Vaults Sydney. Present one document from Table A and one document from Table B.

Table A documents must be presented in person. If not provided in person, you may provide a colour photocopy of the front and back of the I.D, certified in the last 3 months, returned to our office by email or Registered Post. Please notify our office of the registered tracking number, if you return your documents via registered post.

We reserve the right to decline the opening of an account due to our internal processes without further explanation. If you have a general question regarding opening an account, please contact us by email at melbourne@guardianvaults.com.au for the Melbourne Offices or sydney@guardianvaults.com.au for the Sydney office.

TABLE A – Proof of Identification 1 Document required.	Important Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Current Australian Passport. <input type="checkbox"/> Current Australian Drivers Licence. <input type="checkbox"/> Current Australia Post Keypass ID Card. <input type="checkbox"/> Current Australian Proof of Age Card 	<p>Australian Drivers licence may be used as proof of your identification, provided this is not also being used as your proof of address.</p> <p>Passports that are 6 months from expiry will also not be accepted.</p> <p>Proof of your identity documents must be valid, not expired and contain a colour photograph, date of birth and/or your residential address.</p>

TABLE B – Proof of Your Residential Address 1 Document required	Important Notes
<p>Statement</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bank, Credit Card, Mortgage etc. <p>Utility Household Bill</p> <ul style="list-style-type: none"> <input type="checkbox"/> Gas, Electricity, Water, Telephone, Internet. <p>Local Authority</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rates Notice issued by local council. <p>Government</p> <ul style="list-style-type: none"> <input type="checkbox"/> Financial Benefits Statement issued by the Commonwealth/State or Territory to you. <input type="checkbox"/> Australian Tax Office (ATO) notice issued to you. 	<p>Statements must be dated within the last 6 months.</p> <p>Bills must be dated within the last 6 months.</p> <p>Local authority notices must be dated within the last 6 months.</p> <p>Government or Tax notices must be dated within the last 6 months.</p> <p><i>Must show full name and residential address</i></p>

Note: Any other type of documentation (including overseas documents) will only be accepted at the discretion of the General Manager or Compliance Officer.

Please Complete Page 2

APPLICATION FOR INDIVIDUAL OR JOINT ACCOUNT

SELECT YOUR LOCATION: MELBOURNE | 100 William St 55 Collins St SYDNEY | 151 Castlereagh St

SELECT YOUR ACCOUNT TYPE: INDIVIDUAL *Held in the name of the Nominated Registered Person (1).*
 JOINT ACCOUNTS *Held in the name of Nominated Registered Person's (1) and (2).*
 All Accounts can only have up to 4 Nominated Registered Persons.

Please tick this box if you would like this application to be used to establish a Guardian Gold purchasing account.

LEASE or REFERENCE _____ SAFE DEPOSIT BOX/ SAFE SIZE _____

NOMINATED REGISTERED PERSON (1)
Please complete all fields - Residential Address cannot be a PO BOX.

Surname:		Given Name:	
Middle Name(s):		Date of Birth: / /	
Residential Address:			
Suburb:	State:	Post Code:	
Mobile Phone:		Other Phone:	
Email:			
SIGNATURE (1) _____		DATE _____	

NOMINATED REGISTERED PERSON (2)
Please complete all fields - Residential Address cannot be a PO BOX.

Surname:		Given Name:	
Middle Name(s):		Date of Birth: / /	
Residential Address:			
Suburb:	State:	Post Code:	
Mobile Phone:		Other Phone:	
Email:			
SIGNATURE (2) _____		DATE _____	

PERSON LISTED HERE IS: AUTHORISED TO COMMUNICATE (NO ACCESS) NEXT OF KIN

Surname:		Given Name:	
Date of Birth: / /		Email:	
Mobile PH:		Relationship:	

PERSON LISTED HERE IS: AUTHORISED TO COMMUNICATE (NO ACCESS) NEXT OF KIN

Surname:		Given Name:	
Date of Birth: / /		Email:	
Mobile PH:		Relationship:	

Your information must be valid and current and will be verified every 12 months as per our ongoing due diligence. Should your information change or require an update, please ensure to notify us via email or upon your next visit to our office.

OFFICE USE ONLY: Received by: _____ Date _____