

Adviser/Broker 'Leverage Online' Registration

To view your client's facilities online, please complete this form.

Please use black ink, BLOCK letters and mark [x] in the appropriate boxes.

This registration form will only be valid upon receipt of your client's registration forms giving consent for access to their facility. Alternatively, you may attach written consent from your clients to this registration form.

Adviser Name Mr Mrs Miss Ms Dr Other

First Name

Surname

Adviser Company Name

Dealer Group Name

AFSL Number

Dealer Group Mailing Address (your FAC and password will be sent to this address)

Address

Suburb/Town State Postcode

Dealer Group Contact Numbers

Business Hours ()

Fax Number ()

Dealer Group Email Address

Facility Details

Please list the facilities you would like to view on Leverage Online. If you require more space, please attach an additional page.

Facility Name	Facility Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Registration Details Please mark only **one** (1) box with an [x].

I **do not** have an existing FAC and password

I **do** have an existing FAC and password and would like to link the above facilities to Leverage Online using my existing FAC

Please provide your existing FAC

If you would like authority to transact on behalf of your clients, please complete the **Nominate a Financial Adviser (Adviser Authority)** form in conjunction with your clients.

Acknowledgement

I acknowledge that I have received, read and agree to the Leverage Online terms and conditions.

Adviser/Broker Signature

Print full name

Signature

Date / /

If you would like an employee to also have access, they will need to complete the following section.

Employee to complete

Employee Name Mr Mrs Miss Ms Dr Other

First Name

Surname

Registration Details Please mark only **one** (1) box with an [x].

I **do not** have an existing FAC and password

I **do** have an existing FAC and password and would like to link the above facilities to Leverage Online using my existing FAC

Please provide your existing FAC

Employee Signature

Print full name

Signature

Date / /

Please complete and return to:

Ord Minnett Margin Lending
GPO Box 5388, SYDNEY NSW 2001

Fax: 02 8282 8383

If you require any assistance, please contact the Client Service Team on 1300 138 028 or email info@leveraged.com.au