

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	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	
Work Phone	()			Work Fax ()		
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							
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 Leveraged Nominate and Revoke Authorised Person form in conjunction with your clients.

Acknowledgements I acknowledge that I have received, read and agree to the Leverage Online terms and conditions. Adviser/Broker Signature Print full name Date If you would like an employee to also have access, they will need to complete the following section. **Employee to complete Employee Name** Miss 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**

Submit this form by:

Print full name

Date

Mail: Leveraged, GPO BOX 5388, Sydney NSW 2001

Email: customerservice@leveraged.com.au

Fax: 02 8282 8383

For any enquiries please contact our Client Service Team on 1300 307 807





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