

## ACCOUNT APPLICATION FORM - SMSF/COMPANY/TRUST

### Account Details

<b>Name of SMSF/Company or Trust Name</b> _____	<b>ABN</b> _____
<b>Full Name of Authorised Person*</b> _____	<b>Address</b> _____
<b>Phone</b> _____	_____
<b>DOB</b> _____	<b>Suburb</b> _____
<b>Mobile</b> _____	<b>State</b> _____
<b>Fax</b> _____	<b>Postcode</b> _____
<b>* If there are additional authorised persons please fill out the Additional Authorised Persons form.</b>	<b>Email</b> _____

### Identification (required)

**Passport** \_\_\_\_\_ **OR**  **Drivers License** \_\_\_\_\_

Applicants who are unable to open an account in person at City Gold Bullion will need to send original certified copies to:  
**City Gold Bullion, P.O. Box 96, Rundle Mall, SA 5000.**

**Please Note:** We cannot accept emailed or faxed copies. Originals must be sent in the post.

An original certified copy is a document that has been certified as being a true copy of an original document. The following persons are eligible to certify documents: Chemist, Justice of the Peace, Medical Practitioner, Legal Practitioner, Notary Public, Police Officer, Member of a professional Accounting Body or a Bank Manager.

### Additional Documents (required)

- SMSF** - Documents showing Super Fund name, ABN and signature page of The Trust Deed
- Company** - Copy of Business Registration form and ABN
- Trust** - Documents showing trust name and ABN

### Declaration

I have read and I accept and understand the  
**City Gold Bullion TERMS OF BUSINESS.**  
(available on our website [www.citygoldbullion.com.au](http://www.citygoldbullion.com.au))

**Signature** \_\_\_\_\_

**Print name** \_\_\_\_\_

**Date** \_\_\_\_\_  
day month year