

Customer # \_\_\_\_\_(Office use only)

## Return all completed applications to:

City Gold Bullion, P.O. Box 96, Rundle Mall, SA 5000.

## **ACCOUNT APPLICATION FORM - INDIVIDUAL OR SOLE TRADER**

Account Detai	ls - Individual		
First Name			
Family Name		Address 	
Phone		Suburb _	
DOB		_ State _	
Mobile		Postcode _	
Fax		Email _	
FdX		_ Lillait _	
Account Details - Sole Trader (if applicable)			
Business		Business _	
Name		Address	
		_	
Identification (required)			
Passport		OR Driver	
		Licens	e
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, N	Member of a professional Accounting Body of	or a Bank Manager.	
Declaration			
	I accept and understand the	Signatura	
City Gold Bullio	n TERMS OF BUSINESS.	Signature — Print name —	
tavaitable on ou	r website www.citygoldbullion.com.au)	Date	/ /
		Date	day month year