

Account Application Form

HarbourSide Capital Managed Accounts

Account Details

Account Name					
Account Type (tick box)	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint/Partnership	<input type="checkbox"/> Company	<input type="checkbox"/> Super Fund	<input type="checkbox"/> Trust
Corporate Trustee <i>if applicable</i>					
ABN / ACN <i>if applicable</i>		Tax File Number			

Applicant 1 / Director 1 / Individual Trustee 1

Title (tick box)	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	Date of Birth	/	/
First Names				Surname				
Home telephone				Work telephone				
Mobile telephone				Facsimile				
Email address								
Drivers Licence No.				Passport No.				
Occupation				Employer				

Applicant 2 / Director 2 / Individual Trustee 2

Title (tick box)	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	Date of Birth	/	/
First Names				Surname				
Home telephone				Work telephone				
Mobile telephone				Facsimile				
Email address								
Drivers Licence No.				Passport No.				
Occupation				Employer				

Registered Address (must not be a PO Box)

Unit No.		Street No.		Street Name				
Suburb / City				State		Postcode		
Country								

Mailing Address (if different from above)

Unit No.		Street No.		Street Name				
Suburb / City				State		Postcode		
Country								

Return this document by email to:

info@hscapital.com.au

HarbourSide Capital Pty Ltd
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