



**Edward L Cummings T/As Edlins/ Edlins of Canberra/ Edlins Auctions/ Edlins of Yass**  
 \*In accordance with AML/CTF Act 2006 (Including amendments 2023)

## Account Registration Form – Company, Trust, SMSF

### ENTITY DETAILS (As Registered with ASIC)

Entity Name:		
Company Trading Name:		
ACN:	ABN:	
Street Address:	State/Territory:	
	Postcode:	
Suburb/Town:		
Phone:		
Email:		
<b>ENTITY POSTAL ADDRESS (If different to above)</b>		
Postal Address:		
	State/Territory:	Postcode:
<b><u>DIRECTOR 1</u></b>		
Title:	First Name:	Middle Name:
Family Name:		DOB:
Position Held in Entity:		
<input type="checkbox"/>	BY SIGNING THIS APPLICATION FORM, I ACCEPT AND FULLY UNDERSTAND EDLINS TERMS AND CONDITIONS AS OUTLINED ON WWW.EDLINS.COM.AU	
Signature:		Date:

<b><u>DIRECTOR 2</u></b>		
Title:	First Name:	Middle Name:
Family Name:		DOB:
Position Held in Entity:		
<input type="checkbox"/>	BY SIGNING THIS APPLICATION FORM, I ACCEPT AND FULLY UNDERSTAND EDLINS TERMS AND CONDITIONS AS OUTLINED ON WWW.EDLINS.COM.AU	
Signature:		Date:

1.





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<b><u>DIRECTOR 3</u></b>	
First Name:	Middle Name:
Family Name:	DOB:
Position Held in Entity:	
BY SIGNING THIS APPLICATION FORM, I ACCEPT AND FULLY UNDERSTAND EDLINS TERMS AND CONDITIONS AS OUTLINED ON <a href="http://WWW.EDLINS.COM.AU">WWW.EDLINS.COM.AU</a>	
Signature:	Date:
<b><u>DIRECTOR 4</u></b>	
First Name:	Middle Name:
Family Name:	DOB:
Position Held in Entity:	
BY SIGNING THIS APPLICATION FORM, I ACCEPT AND FULLY UNDERSTAND EDLINS TERMS AND CONDITIONS AS OUTLINED ON <a href="http://WWW.EDLINS.COM.AU">WWW.EDLINS.COM.AU</a>	
Signature:	Date:
<b><u>DIRECTOR 5</u></b>	
First Name:	Middle Name:
Family Name:	DOB:
Position Held in Entity:	
BY SIGNING THIS APPLICATION FORM, I ACCEPT AND FULLY UNDERSTAND EDLINS TERMS AND CONDITIONS AS OUTLINED ON <a href="http://WWW.EDLINS.COM.AU">WWW.EDLINS.COM.AU</a>	
Signature:	Date:
<b><u>EACH DIRECTOR CAN ACT ON BEHALF OF THE ACCOUNT SEPERATELY</u></b>	
Director (1) Signature	Director (2) Signature
Director (3) Signature	Director (4) Signature
Director (5) Signature	
<b><u>SUPPORTING DOCUMENTATION</u></b>	
<input type="checkbox"/>	All Directors have supplied a completed copy of Edlins Personal Bullion Registration Form as well as supporting identification outlined in Edlins identification requirements, and consent to these records being used for compliance and verification purposes (See Edlins Help Form for more information).
<input type="checkbox"/>	I have supplied a current ASIC company extract. (Available from the ASIC website at <a href="http://www.asic.gov.au">www.asic.gov.au</a> )





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**AUTHORISED AGENT**

Authorised agents are permitted to collect orders on behalf of a director. By not specifying an authorised agent a signed letter will need to be supplied for each order collected by a non-director.

<b>Title:</b>	<b>First Name:</b>	<b>Middle Name:</b>
<b>Family Name:</b>		<b>DOB:</b>
<b>Street Address:</b>		<b>State:</b>
<b>Postcode:</b>	<b>Phone:</b>	
<b>Email:</b>		

**AUTHORISED AGENT SUPPORTING DOCUMENTATION**

<input type="checkbox"/>	Authorised agents have supplied a completed copy of Edlins Personal Bullion Registration Form as well as supporting identification as outline in Edlins identification requirements and consent to these being used for compliance and verification purposes as required (See Edlins Help Form for more information).
<input type="checkbox"/>	I agree, the above listed agent is authorised to collect on behalf of the entity until written notice is provided otherwise

<b>Director Name:</b>	
<b>Directors Signature:</b>	<b>Date:</b>

<b>Admin Use:</b>
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