



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 – Dual Account

### ACCOUNT DETAILS

Account Name:		
Street Address:		
		State/Territory:
Suburb/Town:		Postcode:
Phone:	Email:	
Phone:		
Email:		
<b>POSTAL ADDRESS (If different to above)</b>		
Postal Address:		
		State/Territory:
		Postcode:

<b>PERSON 1</b>		
Title:	First Name:	Middle Name:
Family Name:		DOB:
Relationship to person 2:		
<input type="checkbox"/>	BY SIGNING THIS REGISTRATION FORM, I ACCEPT AND FULLY UNDERSTAND EDLINS TERMS AND CONDITIONS AS OUTLINED ON WWW.EDLINS.COM.AU	
Signature:		Date:

<b>PERSON 2</b>		
Title:	First Name:	Middle Name:
Family Name:		DOB:
Relationship to person 1:		
<input type="checkbox"/>	BY SIGNING THIS REGISTRATION FORM, I ACCEPT AND FULLY UNDERSTAND EDLINS TERMS AND CONDITIONS AS OUTLINED ON WWW.EDLINS.COM.AU	
Signature:		Date:

1.





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**OPERATION OF ACCOUNT**

**OPTION 1**

**EACH PERSON CAN ACT ON BEHALF OF THE ACCOUNT SEPERATELY**

Person (1) Signature

Person (2) Signature

**OPERATION OF ACCOUNT**

**OPTION 2**

**ALL PEOPLE MUST ACT IN CONJUNCTION ON BEHALF OF THE DUAL ACCOUNT**

Person (1) Signature

Person (2) Signature





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### **AUTHORISED AGENT**

Authorised agents are permitted to collect orders on behalf of the Account holders. By not specifying an authorised agent the account holders must arrange collection in person.

<b>Title:</b>	<b>First Name:</b>	<b>Middle Name:</b>
<b>Family Name:</b>		<b>DOB:</b>
<b>Street Address:</b>		<b>State/Territory:</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 Registration Form as well as supporting identification as outlined 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 nominated agent named above is authorised to collect on behalf of the Dual Account holders until written notice is provided otherwise.	
<b>Person 1 Signature:</b>		<b>Date:</b>
<b>Person 2 Signature:</b>		<b>Date:</b>
<b>Title:</b>	<b>First Name:</b>	<b>Middle Name:</b>
<b>Family Name:</b>		<b>DOB:</b>
<b>Relationship to Person 1 or Person 2:</b>		
<input type="checkbox"/>	<b>BY SIGNING THIS REGISTRATION FORM, I ACCEPT AND FULLY UNDERSTAND EDLINS TERMS AND CONDITIONS AS OUTLINED ON WWW.EDLINS.COM.AU</b>	
<b>Signature:</b>		<b>Date:</b>
<b>Print Name:</b>		
<b>Admin Use:</b>		

3.

