

# ACCOUNT APPLICATION FORM

# **NON-INDIVIDUAL**

#### Use this form if you are:

- A PNG Resident Company
- An Overseas Company or other non-individual investor
- A Trustee or Investment Manager
- An Association, NGO or Government Authority
- Any other investors other than individuals



# **About this Application**

Please read it carefully, as you will select products and services, tell us how you want to communicate with us, and agree to certain provisions that will govern our relationship.

When we accept it, this Application and all accompanying or supplemental documents form the entire Agreement between us for this account.

Unless otherwise indicated in this Application, the words "you", "your", "yourself," and "yours" mean or refer to the applicant(s).

The words "we", "us" and "our" mean JMP Securities Limited, Level 3, ADF Haus, Musgrave Street, PO BOX 2064, Port Moresby, National Capital District, Papua New Guinea and our branches, subsidiaries, and affiliates.



Please complete and sign this Application, along with any required supplemental forms identified through this application process. In order to complete this Application, you will need some or all of the following information:

Identification information such as a driver's license, passport, or another type of government-issued identification, National Identity Number, Tax Identification Number, Information about your annual income, assets, debt, expenses and net worth as well as one or more trusted contact person(s) information.



The above information helps us comply with various securities regulations and rules that requires all securities firms to obtain, verify, and record information that identifies each applicant.



The information also helps us more fully understand your investment profile andidentify what types of investments or strategies may be suitable for you.

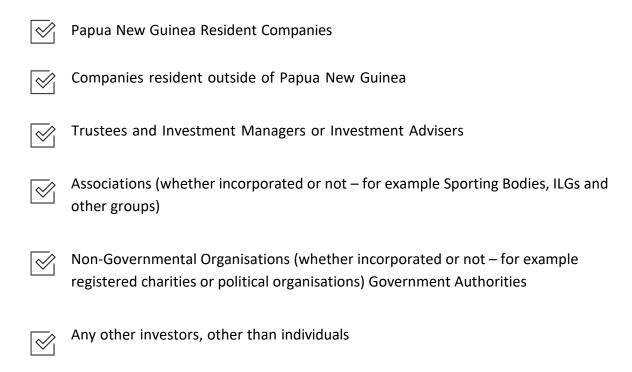


Please note: if we cannot verify the information you provide, we may be required to restrict or deny your account.



# Who Should Use This Application Form?

This is the application form for a trading account with JMP Securities Limited for the following client categories:



# Who Should NOT Use This Application Form?

This **Application Form** is not the correct form for you to use in the event that you are:

An individual person ordinarily resident outside of Papua New Guinea

An individual person ordinarily resident in Papua New Guinea

If you are an individual person (whether ordinarily resident in Papua New Guinea or not), you should complete the "Account Application Form - Individual". You can obtain a copy of this form by contacting: <a href="mailto:enquiries@jmpmarkets.com">enquiries@jmpmarkets.com</a>



## **Terms & Legal**

In consideration of JMP Securities Limited (herein referred to as "JMP") agreeing to open an account in the client's name (herein referred to as "the Account"), pursuant to the Application overleaf, the Account agrees to the following:

- 1. The Account appoints JMP as the Account's broker to buy and sell securities in accordance with the Account's instruction from time to time.
- 2. The constitution of PNG National Stock Exchange Limited, The Australian Stock Exchange or other Stock Exchanges (herein collectively known as PNGX), its Business Rules and Listing Rules as amended from time to time and customs and usages of PNGX form part of the agreement governing the contractual relationship between the Account and JMP and applies to all dealings and transactions in securities conducted by JMP on behalf of the Account and are binding upon the Account and JMP.
- 3. Without limiting the generality of the foregoing where JMP has bought or sold securities in accordance with the Account's instructions, the Account's agents and/or attorney are to execute on the Account's behalf any transfer of those securities to give effect to that transaction.
- 4. To issue written notification to JMP regarding any changes in the Account's details such as postal address, email address, telephone numbers, facsimile numbers and/or information used to maintain communication between the Account and JMP.
- 5. The Account will ensure that JMP receives payment for all securities purchased and all brokerages and duties in respect thereof before the second day (settlement date) after the purchase transaction was entered into.
- 6. The obligation to make payment by the settlement date is not subject to receiving the contract note.
- 7. JMP will have a general lien and the power of sale set out below in respect of all securities and all documents relating thereto held by JMP for any reason whatsoever for all moneys now or at any time hereafter owing by the Account to JMP for any reasons whatsoever.

If any moneys owing by the Account to JMP are not paid by settlement date then without prejudice to JMP rights under paragraph 7 hereof or under the Rules of PNGX:

- JMP may sell any securities now or hereafter held by itself on behalf of the Account for any reason whatsoever and without being responsible for any loss occasioned thereby and may apply the proceeds in reduction of the Account's liability to JMP.
- The Account will pay default interest on the outstanding moneys from the date of the relevant contract note until the date on which payment is received by JMP at the prevailing overdraft rate set by Bank of South Pacific Limited
- 8. JMP may appropriate credits and all payments received from or on behalf of the Account or held on behalf of the Account in reduction of any moneys owing by the Account to JMP.
- 9. If more than one person constitutes the Account then they are jointly and severally bound by this agreement.
- 10. Where the Account is a limited/propriety limited company, the officers executing this agreement undertake that they:
  - will be responsible for the placing of orders;
  - will be personally responsible for the proper conduct of the Account including settlement of all transactions in accordance with the contract terms;
  - are authorised to perform these functions; and
  - will notify JMP if there are any alterations to the company structure or if their authority to place orders is cancelled or varied.
- 11. The Account authorises JMP to obtain shareholder information from any relevant share registry.
- 12. Before placing any orders the Account will be in a position to pay for any securities purchased and have control of and have available any securities sold by the Account to JMP.
- 13. The Account hereby authorises JMP to execute its orders using its Shareholder Reference Number/Holder Identification Number using their agents in Australia/New Zealand/Fiji or as appropriate.



# **JMP Securities Limited**

Level 3, ADF Haus Musgrave Street PO Box 2064 Port Moresby NCD Papua New Guinea

Ver: 032021016 Page 05



1. Confirm your account selection
Individual Account Complete ACCOUNT APPLICATION FORM – INDIVIDUAL
Joint Account (Multiple account holders) COMPLETE ACCOUNT APPLICATION FORM – INDIVIDUAL
Non-Individual Account COMPLETE ALL SECTIONS IN THIS APPLICATION FORM
2. Type of Applicant
This application is made by:
A Company incorporated in Papua New Guinea;
A Company incorporated outside of Papua New Guinea;
A Trustee of a Trust or Unit Trust;
An Investment Manager or Investment Adviser;
An Association or a Non-Governmental Organisation (NGO);
A Government Authority; or
Other, please specify:
2. Applicant Particulars
Registered Name of Applicant:
Trading name or other identifier
Business, Company or Other Registration Number:
Investment Promotion Authority Number (if applicable):
Are you incorporated or resident in Papua New Guinea:
If No. in which country are you incorporated or resident:



4. Papua New Guinea Taxpayer Identifica	tion Number (TIN	1)
Do you have a Papua New Guinea TIN:	Yes No	
(Note although generally, only Papua No have a PNG TIN, it is your responsibility particular circumstances)	•	
If Yes, what is your TIN:		
5. Contact Information		
What is the Applicant's registered address and	contact details:	
Street:	Town/City:	
State/Province:	PO Box #:	
Postcode/Zip	Country:	
Telephone:	Website/URL:	
E-mail:		
6. What services do you wish to receive f	rom JMP in relati	on to this account?
Share brokerage services in PNGX securities:		(JMP is a 'Participating Organisation' on the PNGX)
Papua New Guinea Fixed Interest Securities:		(We operate both in primary and secondary markets)
Portfolio Management or Advisory Services:		(We will contact you about this separately)
Custodial or Nominee Services:		(Please note that you will need to complete a Custodial Services Agreement)
Assistance with buying securities in internation	al markets:	(Available only to Custodial Services Clients)
Financial Markets Research:		(We look forward to explaining to you our Research Options)



#### 7. Who is authorised to set up this account and execute this agreement?

PRIMARY AUTHORISED PERSO	ON			
Title: Mr. Mrs	. Ms.	Miss.	☐ Dr.	Other:
First Name:		N	//Name:	
Lastname:			Sr. Jr.	
Position:			the nominated individual(s authorized to do so. Ordino entity, a company secretar Guardians or Conveners wi	ted to ascertain with certainty that  i) to open an account are duly  arily, a director of an incorporated  y, member of a Board of Trustees,  ill be acceptable. JMP reserves the  documentation to evidence such
Office Ph.			authorization).	
Mobile Ph.		E	Email:	
Address (if different to Ap	oplicant Contac	ct Information	on in section 5 abov	/e):
Street.		-	Town/City	
State/Province:		I	PO Box #:	
Postcode/Zip		(	Country	
PRIMARY AUTHORISED PERS	ON - IDENTIFICAT	TION REQUIR	EMENTS	
Date of Birth:		TIN (PNG	only):	
Country of Citizenship:				
Identification Documenta	ation:			
Type of ID (select two) Driver's License Passport State ID Other Gov't Issued ID		Issu	ing Authority	ID Number:

(<u>Please Note:</u> Know Your Customer ('KYC') and Anti-Money Laundering and Terrorism Finance rules in place in Papua New Guinea mandate that anyone establishing and operating accounts with licensed securities broker/dealers be properly identified and verified. The information requested and collected will be used for no other purpose than the satisfaction of these legal requirements.)



SECONDARY AUTHO	ORISED PERSO	ON - IDENTIFI	CATION REQU	IREMENTS	
Title: Mr.	☐Mrs.	☐Ms.	Miss.	Dr.	Other:
First Name:				M/Name:	
Lastname:				Sr. Jr.	
Position:					
Office Ph:			r	Mobile Ph:	
Email:					
Address (if differ	ent to Appli	cant Conta	ct Informatic	on in section 5 abo	ve):
Street.			Т	own/City	
State/Province:			F	PO Box #:	
Postcode/Zip			C	Country	
SECONDARY AUTHO	ORISED PERSO	ON - IDENTIFI	CATION REQU	IREMENTS	
Date of Birth:			TIN (PNG	only):	
Country of Citize	enship:				
Identification Do	ocumentatio	n:			
Type of ID (sea Driver's License Passport State ID Other Gov't Iss	e		Issui	ng Authority	ID Number:
:					:



8. Who is authorised to request information from, and issue instructions to JMP in relation to this account?

	wing persons are autho in respect of this Accou	orised to <b>request account a</b> ount:	nd other information
S T C O N	imary Authorised Persorecondary Authorised Persorecondary Authorised Personapital Nominees Limited her Person(s) (provide detains the execution of separate Custonal Person (s) (separate Custonal Personal Person	SON:	s thereof)
OTHER PERSON AU	THORISED TO REQUEST INFO	DRMATION	
Title: Mr.	☐Mrs. ☐Ms.	☐ Miss. ☐ Dr.	Other:
First Name:		M/Name:	
Lastname:		☐ Sr. ☐ Jr.	
Position:			
Office Ph:		Mobile Ph:	
Organisation (if	not the Applicant)		
Email:			
Address (if diffe	ent to Applicant Contact	Information in section 5 abov	/e):
Street.		Town/City	
State/Province:		PO Box #:	
Postcode/Zip		Country:	
	This Section I	has been intentionally left bla	ınk



b The following persons respect of this Account	are authorised to <b>issue trading and oth</b> et:	er instructions to JMP in
	norised Person:	
	eparate Custodial Services Agreement and the terms the	reof)
	SUE TRADING AND OTHER INSTRUCTIONS	Oll
	∐Ms. ∐Miss. ∐Dr.	Other:
First Name:	M/Name:	
Lastname:	☐ Sr. ☐ Jr.	
Position:		
Office Ph:	Mobile Ph:	
Email:		
Address (if different to Applica	ant Contact Information in section 5 above):	
Street.	Town/City	
State/Province:	PO Box #:	
Postcode/Zip		
OTHER INSTRUCTING PERSON - IDE	INTIFICATION REQUIREMENTS	
OTHER MOTHOD INC.	NAME OF THE OFFICE OFFI	
Date of Birth:	TIN (PNG only):	
Country of Citizenship:		
Identification Documentation:		
Type of ID (select two) Driver's License Passport State ID Other Gov't Issued ID	Issuing Authority	ID Number:



### 9. Source of funds

What is the Applicant's primary sources of income or funds for investment?:

Source of Funds	Description	Annual Estimate
Profits from commercial operations		☐ <pgk50k ☐ PGK50k – 100k ☐ PGK100k – 250k ☐ PGK250k – 500k ☐ PGK500k – 1M &gt;PGK1M</pgk50k 
Government Grants		<pre>PGK50k PGK50k - 100k PGK100k - 250k PGK250k - 500k PGK500k - 1M &gt;PGK1M</pre>
Yield from or sale of investment and other assets		<pgk50k -="" 100k="" 1m="" 250k="" 500k="" pgk100k="" pgk250k="" pgk500k="" pgk50k="">PGK1M</pgk50k>
Gifts or Donations		☐ <pgk50k ☐ PGK50k – 100k ☐ PGK100k – 250k ☐ PGK250k – 500k ☐ PGK500k – 1M ☐ &gt;PGK1M</pgk50k 
Other (please outline)		<pgk50k   PGK50k - 100k   PGK100k - 250k   PGK250k - 500k   PGK500k - 1M   &gt;PGK1M</pgk50k 

(<u>Please Note:</u> JMP is under continuous obligation to ensure that international and Papua New Guinea AML legislation and regulations are adhered to. As such, it is important that you provide detailed, accurate and reliable information in respect of the above.)



#### **10.** Investment Risk Tolerance

Investing involves risk. Different investment products and strategies involve different degrees of risk. The higher the expected returns of a product or strategy, the greater the risk that you could lose most of your investment. Investments should be chosen based on your objec-tives, timeframe, and tolerance for market fluctuations.

in this account:		nd any co-applicants, if applicable) are willing to take with the assets
Conservative		I want to preserve my initial principal in this account, with minimal risk, even if that means this account does not generate significant income or returns and may not keep pace with inflation.
Moderately Conservative		I am willing to accept low risk to my initial principal, including low volatility, to seek a modest level of portfolio returns.
Moderate		I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and understand I could lose a portion of the money invested.
Moderately Aggressive		I am willing to accept high risk to my initial principal, including high volatility, to seek high returns over time, and understand I could lose a substantial amount of the money invested.
Significant Risk		I am willing to accept maximum risk to my initial principal to aggressively seek maximum returns, and understand I could lose most, or all, of the money invested.
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#### 11. Financial Investment Experience

We are collecting the information below to better understand your investment experience. We recognize your responses may change over time as you work with us.

Please check the boxes that best describe your investment experience to date:

Type of Investment	Years' E	Experience	Т	Transaction Per Year		
Mutual Funds/ETFs Individual Stocks Bonds Options Futures Annuities CFDs Alternatives* Margin	NIL	Over 5 Ov	0-5	6-15   6-	Over 15	
(* May include structured prod	lucts, hedge funds e	tc)				
Decision-Making (chec	ck all that apply	):				
I generally n	nake my own de estment decisio	ding from publicly ecisions and/or cor ons with family and	nsult with my			
Sometimes there is can have just deposited mor you may have roor "sweep"—that cash	oney into your eceived cash o	account without g dividends or inter	iving instruction	ons on how	to invest it,	
Your Bank Account de	tails:					
Bank:		Branch:				
BSB:		Account #:				
Account Name:						



#### 13. Communications

Unless you choose otherwise, we will use electronic mail (e-mail) to send you any communications.

As e-mail is the preferred mode of communication, please let us know the e-mail address we should use:

#### P

TAL MAIL OPTION (IF POSTAL MAIL DELIVERY IS ELECTED BY YOU AS AN ALTERNATIVE TO E-MAIL)	
By checking the boxes below, you request that all communications for the applicants lister on this Application be delivered to the following single postal mailing address:	∍d
Primary Authorised Person:  Secondary Authorised Person:  Other Person(s)	
as postal delivery is the preferred mode of communication, please let us know the ostal address we should use:	
This Section has been intentionally left blank	



#### 14. Review and Submit Application

#### **CONFIRMATION AND SIGNATURE (PLEASE READ CAREFULLY)**

By signing this Application, you confirm that you have received and read this Application and any supplemental documents governing this relationship.

You confirm that the information you have provided is accurate and you agree to notify us of any changes in the information provided.

Signatures:

Primar	y Auti	horised	Person
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Print Name	Signature	Date
Secondary Authorised Person:		
Print Name	Signature	Date

Please e-mail or mail your completed Application to the addresses listed below:

#### **JMP Securities Limited**

Level 3, ADF Haus, Musgrave Street, PO Box 2064 Port Moresby, NCD, Papua New Guinea

E: <a href="mailto:enquiries@jmpmarkets.com">enquiries@jmpmarkets.com</a>

JMP Securities Bank Account details for transfer of funds

#### **PNGX Settlements**

7019145890

JMP Securities Limited
Settlements Account
Bank: Bank South Pacific
Branch: Gordon Commercial
Centre BSB: 088-951
Account Number:

#### **International Settlements - PGK**

Account name: Capital Nominees Limited Bank: Bank South Pacific

Branch: Gordon Commercial Centre BSB:

088-951

Account Number: 7019072672

#### **International Settlements - AUD**

Account name: Capital Nominees Limited Bank: Macquarie Bank Branch: 182 222

Account Number: 12106406 Swift code: BOSPPGPM



# **NOTES**

For office use only		
Compliance officer		
I confirm that I have perform	rmod the following:	
<ul> <li>Verified the account</li> <li>Verified the signat</li> <li>client Receive the</li> <li>For joint applicant</li> <li>For non-individual</li> </ul>	nt details on the system ure and received client's photo id statement of holding to confirm t s, authorised representatives have	e signed the form ories have authorised the transaction
Staff Id:	Name:	Date//20
Authorising Officer		
Staff Id:	Name:	Date//20
Counterparty details		
Account number:		Adviser: