



KVB Kunlun
昆 侖 國 際

KVB Kunlun Pty Limited

Level 18, Citigroup Centre
2 Park Street, Sydney, NSW 2000, Australia
Tel : +61 2 8263 0188 Fax: +612 8263 0189

Level 51, 101 Collins Street,
Melbourne, VIC 3000, Australia
Tel : +61 3 9660 1888 Fax: +613 9663 2688

AFSL 226602 ABN 28101829467

Record Account Number				

APPLICATION FOR COMMERCIAL ACCOUNT

Account Name

Company

Full name as shown on Certificate of Incorporation

Trading As (If applicable)

Registered Business Name (refer Cert. of Registration)

Nature of Business

Account Details

Existing Account Holder Yes - Nature of Business _____
 No - Complete below Details

Registered Office Address

<input type="text"/>	<input type="text"/>
Unit / St No.	Street Name
<input type="text"/>	
Other e.g. Property Name	
<input type="text"/>	<input type="text"/>
Suburb	State
<input type="text"/>	<input type="text"/>
Country (if outside Australia)	Postcode

Registered Details

ACN	<input type="text"/>
ARBN/ABN	<input type="text"/>
Date Business Established	<input type="text"/>
Monthly FX Requirement	<input type="text"/>

Full Trading Address

<input type="text"/>	
Unit / Street Number and Name	
<input type="text"/>	<input type="text"/>
Suburb / Town	State
<input type="text"/>	<input type="text"/>
Postcode	Country (if outside Australia)

Contact Details

Mr	Mrs	Ms	Miss	<input type="text"/>
Contact Name				
<input type="text"/>			<input type="text"/>	
Telephone			Fax	
<input type="text"/>				
Email				

Account Type (select applicable) **→** Currency AUD USD GBP EUR CHF
 HKD CNY JPY SGD Other

Trade References

1		Ph		Years Trading with them	
2		Ph		Years Trading with them	
3		Ph		Years Trading with them	

Signatory Details			
1 Mr. / Mrs. / Ms. / Miss			
[]			
First Name(s) in full			
[]			
Last Name in full			
Residential Address			
[]			
Unit / Street Number and Name			
[]			[] [] []
Suburb / Town			State
[] [] [] []	[]		
Postcode	Country (if outside Australia)		
Contact Details			
Home	[]	Business	[]
Fax	[]	Mobile	[]
Email	[]		
Date of Birth	[]		
Other Names used (if appl.)	[]		
Occupation	[]		
Employer	[]		

Signatory Details			
2 Mr. / Mrs. / Ms. / Miss			
[]			
First Name(s) in full			
[]			
Last Name in full			
Residential Address			
[]			
Unit / Street Number and Name			
[]			[] [] []
Suburb / Town			State
[] [] [] []	[]		
Postcode	Country (if outside Australia)		
Contact Details			
Home	[]	Business	[]
Fax	[]	Mobile	[]
Email	[]		
Date of Birth	[]		
Other Names used (if appl.)	[]		
Occupation	[]		
Employer	[]		

Signatures

By a legally constituted meeting of the company, authority was given to the person(s) named to act in accordance with terms of this authority.

Date / /
.....
1. Signature
.....
Name and Title

Date / /
.....
2. Signature
.....
Name and Title

Method of Account Operation *(tick applicable)*

- Any one to operate severally
 Both to operate jointly
 Any
 of
 must authorise jointly

I / We undertake to settle all deals within 2 business days from the date of transaction or any other date that may be agreed upon. Transactions done via the telephone are considered as binding and good. All telephone conversations are recorded. In the event that I / We fails to settle by the stipulated date, I / We shall pay KVB Kunlun Pty Ltd any claims that KVB Kunlun may have. The amount of the claim shall be at the sole discretion of KVB Kunlun Pty Ltd.

Signed for and on behalf of the Applicant

Name Position Date

KVB Use only <input type="checkbox"/> Copy of Certificate of Registration/Incorporation on file <input type="checkbox"/> PDS & Privacy Statement handed <input type="checkbox"/> FTRA 100 Point Identification completed for all entities <input type="checkbox"/> Customer ID copied and retained <input type="checkbox"/> Name Checker verification of all related entities <input type="checkbox"/> New account number recorded on application	Account opened by Checked by Date / /
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