

**INTERACTIVE BROKERS AUSTRALIA****WHOLESALE CLIENT APPLICATION****Instructions:**

- This form may be used for:
  - Individual account applications – the named account holder should complete this application;
  - joint account applications – each account holder should complete a separate application and declaration;
  - trustee account applications – the named account holder should complete this application
  - companies or corporate trustee account applications – the director who controls the Applicant company should complete this application
- If handwriting responses, please complete the form in legible CAPITALS in black ink.
- Please mark boxes with a (X).
- You / your qualified accountant may email completed forms and attachments to [newaccounts@interactivebrokers.com](mailto:newaccounts@interactivebrokers.com) or (if applicable) send to the new accounts team member who contacted you, or return physical copies to:

*By Mail:*

New Accounts Department  
Interactive Brokers Australia Pty Ltd  
PO Box R229  
Royal Exchange, NSW 1225  
Australia

*By Courier:*

New Accounts Department  
Interactive Brokers Australia Pty Ltd  
Level 11, 175 Pitt Street  
Sydney, New South Wales 2000  
Australia

**SECTION 1. INDIVIDUAL'S DETAILS**

First name:

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Middle Name (*if applicable*):

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Last Name:

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Applicable Interactive  
Brokers Australia Account  
Number(s):

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## SECTION 2. REQUEST AND AGREEMENT

I, being the Individual identified in Section 1,

- Hereby request Interactive Brokers Australia Pty Ltd to recognise:

*Select applicable option*

- (a) Me as the Account holder, as a Wholesale Client, on the basis of the attached certificate from Qualified Account attached to this application (please see section 3 for form of accountant certificate);

☐

**or**

- (b) Me, acting as the Account holder in my capacity as a Trustee of a Trust which I control, as a Wholesale Client, on the basis of the attached certificate from Qualified Account attached to this application (please see section 3 for form of accountant certificate);

☐

**or**

- (c) The Account holder as Wholesale Client, on the basis that I control<sup>1</sup> the Account holder and I am a Wholesale Client as evidenced by the certification of from a Qualified Account attached to this application (please see section 3 for form of accountant certificate);

☐

**and,**

- Undertake to notify Interactive Brokers Australia Pty Ltd should I cease to be a Wholesale Client;
- Acknowledge and accepts the loss of retail client protection provisions including:
  - that Interactive Brokers Australia is not obliged, but may elect, to provide: its Financial Services Guide, any Product Disclosure Statements or Risk Disclosure Statements which may be required, Dollar Disclosures, and
  - the right to appeal to External Dispute Resolution; and
  - Agrees it is satisfied they understand and accepts the legal and financial implications of becoming a Wholesale Client; and

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<sup>1</sup> Section 761G(7)(ca) Corporations Act 2001/Corporations Regulations 7.6.02AB

- Acknowledge that any certificate procured from a Qualified Accountant is valid only for a period of (2) years from the date of issue and undertakes to procure and deliver to Interactive Brokers Australia Pty Ltd a renewed certificate prior to the expiry of the previous certificate.

Signature of person making this application and giving this declaration:

Signature:

Date:

If signing as a Controller of the Applicant company, please indicate capacity:

*Please select*

Sole Director

☐

Director

☐

Other:

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### SECTION 3. FORM OF ACCOUNTANT CERTIFICATE

#### **CERTIFICATE UNDER SECTION 761G (7) CORPORATIONS ACT 2001 (CMWLTH)**

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- Please complete the form in legible CAPITALS in black or blue ink.
- Please mark boxes with a (X).
- Capitalised terms have meanings as set out in the *Corporations Act (2001)*.

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The name of the individual about whom this certification is being given:

(The "Applicant")

Applicable IBA  
Account number:

- I certify that:

1. I am one of the following (please tick appropriate box):

*Select applicable option*

- (a) A member of CPA Australia who is entitled to use the post-nominals 'CPA' or 'FCPA' and is subject to and complies with the CPA Australia's continuing professional development requirements; or  
**or**

☐

- (b) A member of the Institute of Chartered Accountants in Australia who is entitled to use the post-nominals 'ACA', 'CA' or 'FCA', and is subject to and complies with the Institute of Chartered Accountants' continuing professional education requirements  
**or**

☐

- (c) A member of the Institute of Public Accountants who is entitled to use the post-nominals 'AIPA', 'MIPA' or 'FIPA' and is subject to and complies with the Institute of Public Accountants' continuing professional education requirements;  
**or**

☐

- (d) A member of an Eligible Foreign Professional Body:<sup>2</sup> ☐
- i. Have at least three (3) years of practical experience in accounting or auditing; and
  - ii. Am providing this certificate for the purposes of Section 761G(7)(c) of the Corporations Act 2001 to the Applicant who is a resident in the same country (other than Australia) as myself.
2. In accordance with the requirements of Section 761G(7)(c) of the Corporations Act, the Applicant has (either or both if applicable):
- (a) Net assets of at least of or equivalent to \$2.5 million Australian dollars; and/or ☐
- (b) Gross income for each of the last two (2) financial years of at least or at least equivalent to \$250,000 Australian Dollars per year. ☐
- I acknowledge that this certificate is valid for (2) years from its date of issue.
  - Signature of the Qualified Account giving this certification and acknowledgement

Signature:	<input data-bbox="397 891 900 990" type="text"/>	Date:	<input data-bbox="1042 891 1461 990" type="text"/>
First name:	<input data-bbox="397 1003 1461 1099" type="text"/>		
Last name:	<input data-bbox="397 1115 1461 1211" type="text"/>		
Professional Accreditation number:	<input data-bbox="397 1227 1461 1323" type="text"/>		
Business address of Qualified Accountant:			
Street name and number	<input data-bbox="397 1391 1461 1487" type="text"/>		
City and Suburb	<input data-bbox="397 1503 1461 1599" type="text"/>		
State:	<input data-bbox="397 1615 585 1686" type="text"/>	Postcode:	<input data-bbox="1042 1615 1228 1686" type="text"/>

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<sup>2</sup> Eligible Professional Body as defined in ASIC Class Order [CO 01/1256].