

SECURID TOKEN REGISTRATION FORM

Please complete and return by fax to:

Attention: Client Services, Austraclear Limited	
Fax No: 02 9256 0456	Client Services: 1300 362 257
or send to: Client Services, Austraclear Limited Level 3, 30 Grosvenor Street, Sydney NSW 2000	

SECTION A: SECURID TOKEN REGISTRATION – PARTICIPANT DETAILS	
Tokens have a lifespan of 3 years after which they will need to be re-issued.	
Participant Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Participant Name:	_____
Address Line 1:	_____
Address Line 2:	_____
City:	State: _____
Postal Code:	Telephone: _____

Please supply the bearer with SecurID tokens.

Please provide the names of the person/s who will be the "Token Holders" below:

SECTION B: SECURID TOKEN HOLDER/S DETAILS		
	FIRST NAME	LAST NAME
1:		
2:		
3:		
4:		
5:		
6:		

NOTE:

If additional token holders are required, attach a separate listing, including First and Last names for all Token Holders.

AUTHORISED SIGNATORIES	NAME <i>(please print)</i>	DATE day/month/year
1.		/ /
2.		/ /

AUSTRACLEAR USE ONLY	SIGNATURE	DATE
AUTHORISED SIGNATURE VERIFIED BY:		/ /
E SYSTEM UPDATED BY:		/ /