



APPLICATION FOR REGISTRATION ON THE NATIONAL DTR REGISTER

Use BLOCK letters when completing this form and please retain a copy for your records.

LODGEMENT DETAILS: *Who should the Stockbrokers And Financial Advisers Association Limited contact if there is a query about this form*

Name:		
Firm/Organisation:		
Contact Name :	Telephone No:	
Email Address:		
Postal Address:		
	State:	Postcode:

DETAILS OF MARKET PARTICIPANT:

Name of Nominating Market Participant:		
ACN (Optional):		
Australian Financial Services Licence Number:		
Organisation Postal Address:		
Phone Number:	State:	Postcode:
Organisation Switchboard No:	Organisation Direct No:	

DETAILS OF DTR APPLICANT: *DTR to be registered on National DTR Register*

Title (<i>Mr, Mrs, Ms, Miss, Other</i>):	First Name:
Middle Name:	Surname:
Date of Birth:	
Organisation Postal Address:	
	State: Postcode:
Email Address:	



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DETAILS OF DTR APPLICANT: *DTR to be registered on National DTR Register*

Please indicate for which products registration is sought:

- Cash Equities
- Derivatives

STATEMENT, DECLARATIONS AND ACKNOWLEDGEMENT:

STATEMENT:	The Nominating Market Participant states that the DTR Applicant is a DTR Representative of the Nominating Market Participant.
DECLARATION:	The Nominating Market Participant declares that the Applicant has successfully completed the requirements of the Stockbrokers And Financial Advisers Association Limited National DTR Accreditation which requires: <ul style="list-style-type: none"> • The DTR Applicant obtains a pass score of 80% or more for the National DTR Accreditation Online Examination (Cash Equities/ Derivatives) • The DTR Applicant successfully passes the oral DTR Governors Assessment by a Stockbrokers And Financial Advisers Association National DTR Governor
PRIVACY CONSENT:	I hereby acknowledge and agree that the Stockbrokers And Financial Advisers Association Limited may collect and hold personal information about me including the information supplied in this application for registration on the National DTR Register and will use this information to assess my application for registration and to include it in the National DTR Register. My personal information may be disclosed to my employer organisation and to any person who makes application to search the National DTR Register. I consent to the Stockbrokers And Financial Advisers Association Limited contacting me from time to time with promotional or other material relevant to the stockbroking industry. Signed by the DTR Applicant _____ Date ____/____/____

SIGNATURE:

Name:	
Position :	<input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Responsible Executive <input type="checkbox"/> Compliance Manager
Signature:	
Telephone No:	Mobile No:

PLEASE SCAN COMPLETED AND SIGNED FORMS AND EMAIL dtr@stockbrokers.org.au