## IGN HERE

## Change of Client Address Details



Account Details		
Account No:		
Account Name:		
Account Designation:		
Additional Related Accounts (to which these address changes are to be applied)		
Account No:	Account Name:	
Account No:	Account Name:	
Account No:	Account Name:	
All signatories of the above accounts mus	st sign this form for the purpose of authoris	sing the requested changes.
New Address Details		
Residential address or Company's registered office address (Not a PO Box)		
Suburb:	State:	Postcode:
Country:		
Postal address (if different from above)		
Suburb:	State:	Postcode:
Country:		
Registration address (where ASX and Registry mail is sent)		
Residential/Office address as above	Postal address as above (defa	ult option)
Email Address		
Primary email address*:		
* By providing an email address above, I/We agree to receive Trade Confirmations (Buy and Sell Contract Notes) as well as documents such as Financial Services Guides and updates thereof; Prospectuses; Product Disclosure Statements; Terms of Business; Statements of Advice; Periodic statements and		
other information permitted to be disclosed electronically by law.		
Client Signatures		
IMPORTANT NOTE This form must be signed as detailed below:		
- For an Individual or Joint Account, all holders must sign; - For a Sole Director company account, the Sole Director must sign;		
<ul> <li>For a company with more than one director, two Director on the Canaccord Genuity account.</li> </ul>	ectors or a Director and the Company Secretary must sign,	and those signing must have been previously identified
Signature Account Holder #1 / Director #1		
Sole Director #1	Print Name	Date
	Drink Name	D 1
Signature Account Holder #2 / Director #2	Print Name	Date
Signature Account Holder #3	Print Name	Date

Please complete and return this form to your Adviser or scan and send to us via email: CGAU-MiddleOffice@cgf.com