

# Financial adviser nomination form



## Important information:

Please ensure this form is signed by existing account signatories in accordance with current operating instructions.

- Mail your completed form to:  
**Antares Capital Partners Limited**  
Attn: Client Services  
Reply Paid 2007  
Melbourne VIC 8060

If you require any assistance with completing this form please contact the Client Services Team on **1800 671 849**.

### Section 1: Investor Details

Investor account number	<input type="text"/>
Account name	<input type="text"/>
	<input type="text"/>

### Section 2: Financial adviser details

Dealer group	<input type="text"/>	
Title	<input type="text"/>	
Adviser Name	<input type="text"/>	
	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
Suburb	<input type="text"/>	State <input type="text"/>
Postcode	<input type="text"/>	
Telephone (Business hours)	<input type="text"/> ( <input type="text"/> ) <input type="text"/>	Telephone (After hours) <input type="text"/> ( <input type="text"/> ) <input type="text"/>
Mobile	<input type="text"/>	Fax <input type="text"/> ( <input type="text"/> ) <input type="text"/>
Email	<input type="text"/>	
	<input type="text"/>	

### Section 3: No nominated financial adviser

I do not currently have a financial adviser

### Section 4: Investor signature(s)

Signature of Individual/Director/Secretary  
Sole Director/Sole Secretary

Name	<input type="text"/>	
Signature	<input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>

Signature of Individual/Director/Secretary  
Sole Director/Sole Secretary

Name	<input type="text"/>	
Signature	<input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>