



REQUEST TO CREATE NEW PAYMENT FACILITY

To: Equity Operations
Company: ASX Settlement Pty Limited (ASXS)
Email: chesshelp@asx.com.au
Phone: 1800 814 051

Participant	
PID	
Payment Provider	
Payment Provider UIC	

Payment Facility Type : *(tick one only)*

Effective Date:

Default Or HIN Specific Or Application and Redemption

For HIN Specific Payment Facilities Only

HIN/s to be linked to Payment Facilities for transactions in approved Securities

HIN Details	Full Holder Name

If more HINs are required, please attach to this form.

For Application and Redemption Payment Facilities Only

HINs to be linked to Payment Facilities for transactions in managed fund approved products

Account	HIN	Full Holder Name
Application Account		
Redemption Account		

Participant:

Name & Title of Authorised Officer

Signature of Authorised Officer

Date

Payment Provider:

Name & Title of Authorised Officer

Signature of Authorised Officer

Date

Payment Provider
Stamp

The Participant and Payment Provider indemnifies ASX Settlement against any and all losses, damages, cost and expenses that ASX Settlement may suffer as a result of ASX Settlement acting upon this request.

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