

ALPHA ACCOUNT AGREEMENT

Section 1. INDIVIDUAL / JOINT OR INDIVIDUAL TRUSTEES

APPLICANT A

Title Mr Mrs Ms Miss Dr

Given Name (First Name, Middle Name)

THOMAS THADDEUS

Surname

CATT

Date of Birth

26/01/1958

Are you an Australian Citizen?

Yes

No

Driver's Licence No. or Passport No.

L2507689

Tax File No. or Exemption Details

129 455 111

Residential Address

9 MAIN STREET

CATHKIN, VIC 9714

Postal Address

P.O. BOX 9

CATHKIN, VIC 9714

Home Phone No:

03 5999 9999

Business Phone No:

Mobile No:

0404 040 040

Fax No:

E-Mail Address:

cattnips@hotmail.com

Occupation

LANDSCAPE GARDENER

Employer

SELF EMPLOYED

APPLICANT B

Title Mr Mrs Ms Miss Dr

Given Name (First Name, Middle Name)

Surname

Date of Birth

Are you an Australian Citizen?

Yes

No

Driver's Licence No. or Passport No.

Tax File No. or Exemption Details

Residential Address

Postal Address

Home Phone No:

Business Phone No:

Mobile No:

Fax No:

E-Mail Address:

Occupation

Employer

ALPHA ACCOUNT AGREEMENT

Section 3 TRUST DETAILS

FULL NAME OF THE TRUST

Full Business or Company Name (if any) of the Trustee in respect of the Trust:

Country in which the Trust was established in if not Australia

PLEASE NOTE THE FOLLOWING:

1. If the Trustees are ALL Individuals – you must complete Section 1 of this Agreement in respect of each of those individuals
2. If the Trustee is a Company – You must complete Section 2 of this Agreement in respect of the Company.

TYPE OF TRUST :

- Registered Managed Investment Trust Scheme
- Regulated Trust
(e.g. Self Managed Superannuation Fund)
- Government Superannuation Fund
- Other Trust Type
(e.g. Family, Unit, Charitable, estate)

BENEFICIARY DETAILS

Only complete if "Other Trust Type" has been selected. Do **NOT** complete if the trust is a Registered Managed Investment Scheme, Regulated Trust (e.g. SMSF) or Government Superannuation Fund)

BENEFICIARY 1

Title Mr Mrs Ms Miss Dr

Given Name (First Name, Middle Name)

Surname

BENEFICIARY 2

Title Mr Mrs Ms Miss Dr

Given Name (First Name, Middle Name)

Surname

BENEFICIARY 3

Title Mr Mrs Ms Miss Dr

Given Name (First Name, Middle Name)

Surname

BENEFICIARY 4

Title Mr Mrs Ms Miss Dr

Given Name (First Name, Middle Name)

Surname

Section 4 BANK ACCOUNT DETAILS

MUST BE COMPLETED IN FULL - FOR ALL ACCOUNT TYPES

Account Name

THOMAS T. CATT

Bank Name:

CBA

Branch

CATHKIN

6 digit BSB

063 999

Account Number

1009 9993

Section 5 EXECUTION

I / We acknowledge the following:

- 1) I / We have read understood and acknowledged the Account Terms & Conditions provided by Alpha Equities & Futures Ltd;
- 2) I / We confirm that I / We have read and understood the Risk Disclosure Schedule contained in the Account Terms & Conditions;
- 3) I / We confirm that I / We have read and understood the Financial Services Guide (including the Privacy Statement) provided by Alpha Equities & Futures Ltd, and any Product Disclosure Statement from the Executing Counterparty, and have received satisfactory answers to all my / our questions;
- 4) I / We confirm that all information provided by me / us to Alpha Equities & Futures Ltd is not inaccurate, out-of-date or incomplete in any material respect;
- 5) I / We confirm that we understand that any advice given by Alpha Equities & Futures Ltd is general advice only and Alpha Equities & Futures Ltd has not sought nor accessed information regarding my / our personal financial circumstances, needs or objectives, nor provided me / us with personal advice, and that I / We have been advised to obtain independent advice to ascertain whether opening an account with the executing broker and the transactions contemplated hereunder, are appropriate and suitable for my / our needs;
- 6) I / We understand and acknowledge that exchange traded derivatives trading will be governed by the applicable rules of the relevant exchange and the Corporations Act 2001 (Cwth) and that investing in leveraged derivative products carries a high level of risk to capital, potential volatility and fluctuations in value which may result in me / us losing more than my / our initial investment amount;
- 7) I / We understand and acknowledge that during times of unusual market volatility, initial margins may be increased intra-day and margin calls may need to be met intra-day by me /us, and that Alpha Equities & Futures Ltd reserves the right to close out my / our positions if margin calls are not met within the time specified by Alpha Equities & Futures Ltd or an Executing Counterparty at its absolute discretion.

By signing the following, we acknowledge that we have read this entire document, understood it and agree to be legally bound by its terms. Executed by the Applicant(s) (note that if this is a company application, this agreement must be executed by 2 directors or 1 director and 1 company secretary, or if the company has only 1 director who is the sole director and secretary (if any), that person).

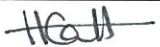
APPLICANT A / DIRECTOR 1 / SOLE DIRECTOR / TRUSTEE 1

(Delete whatever is not applicable)

Full Name

THOMAS THADDEUS CATT

Signature



Date

09/09/09

WITNESS

Full Name of Witness

RUFUS DOWG

Signature of Witness



Date

09/09/09

APPLICANT B / DIRECTOR 2 / TRUSTEE 2

(Delete whatever is not applicable)

Full Name

Signature

Date

WITNESS

Full Name Witness

Signature of Witness

Date