

Company Account Registration and Authorisation Form

公司帐户登记及授权表格

Section 1: General Information 基本信息

Legal Name of the Company 公司注册名

ACN, ARBN or Registration No. (ACN, ARBN 或注册号)

Business/Trading Names(All relevant) 经营名称(所有相关)

Country of Formation / incorporation 公司成立/注册的国家

Contact Email 邮箱

Phone Number 电话

Referred By 推荐人

Industry of Business 企业所属行业

Nature of Business 业务性质

Annual Income 年收入

Local agent's name (if applicable)本地代理名称(如适用)

Local agent's address (if applicable)(PO Box is NOT acceptable)本地代理地址(如适用)(不接受邮政信箱地址)

Registered office address(PO Box is NOT acceptable) 企业注册地址/代理地址(不接受邮政信箱地址)

Street Address 街道

Suburb 区

State 州/省

Postcode 邮编

Country 国家

Principal place of business(PO Box is NOT acceptable) 营业地址(不接受邮政信箱地址)

If different to the registered office address. 如与企业注册地址不同。

Street Address 街道

Suburb 区

State 州/省

Postcode 邮编

Country 国家

Company Types 公司类型

Proprietary Company 私人企业

Public Company 公开公司

Regulated /Licensed Company
受监管/持牌企业

Regulator 监管机构

Licence Name 执照名称

Licence Number 执照号码

Australian/Foreign Stock Exchange Listed
Company (Go to Section 3)澳大利亚/外国证
券交易所上市公司(转至Section3)

Name of Market/ Exchange 市场/交易所名称

Majority Owned Subsidiary of a Listed
Company 上市公司控股子公司

Ticker Symbol 股票代码

Purpose of Account Opening 开户目的

Digital Currency Exchange
数字货币兑换

Peer-to-Peer(P2P)
个人对个人交易

FX
外汇

Other
其他

Estimated Trading Volume 估计交易量

Less than \$100,000
AUD (per month)
少于 \$100,000澳币(每月)

Between \$100,000 to \$499,999 AUD
(per month)
\$100,000-\$499,999澳币(每月)

Between \$500,000 to \$999,999 AUD (per
month)
\$500,000-\$999,999澳币(每月)

\$1,000,000 and over
AUD (per month)
多于\$1,000,000澳币(每月)

Section 2: Director and Beneficial Owner Information 董事和受益所有人信息

Director Information 董事信息

Number of Directors 董事人数

Given Name 名

Surname 姓

1

2

3

Please provide the full name of all the directors (please use a
separate sheet if there are more than 3 directors).

请提供所有董事的全名 (如董事人数超过3人, 请另外用纸填写)。

Beneficial Owners 受益所有人

An individual who owns 25% or more (directly or indirectly), or otherwise controls the business of an entity (such as a trust(Fill in Form 3), an association(Fill in Form 4) or a company(Form 2)). 拥有25%或以上(直接或间接)或以其他方式控制实体(如信托(请填写表格3)、协会(请填写表格4)或公司(表格2))业务的个人。

Beneficial Owner 1 受益人1

Share Percentage 持股比例

Given Name 名	Surname 姓	Date of Birth 出生日期

Residential address (PO Box is NOT acceptable)住宅地址 (不接受邮政信箱地址)

Street 街道			
Suburb 区		State 州/省	
Postcode 邮编		Country 国家	

Beneficial Owner 2 受益人2

Share Percentage 持股比例

Given Name 名	Surname 姓	Date of Birth 出生日期

Residential address (PO Box is NOT acceptable)住宅地址 (不接受邮政信箱地址)

Street 街道			
Suburb 区		State 州/省	
Postcode 邮编		Country 国家	

Beneficial Owner 3 受益人3

Share Percentage 持股比例

Given Name 名	Surname 姓	Date of Birth 出生日期

Residential address (PO Box is NOT acceptable)住宅地址 (不接受邮政信箱地址)

Street 街道			
Suburb 区		State 州/省	
Postcode 邮编		Country 国家	

Beneficial Owner 4 受益人4

Share Percentage 持股比例

Given Name 名	Surname 姓	Date of Birth 出生日期

Residential address (PO Box is NOT acceptable)住宅地址 (不接受邮政信箱地址)

Street 街道			
Suburb 区		State 州/省	
Postcode 邮编		Country 国家	

Section 3 Verification Documents 证明文件

KYC Documents—for all the beneficial owners and company authorised personnel (KYC文件—适用于所有受益所有人和公司授权人员)

*Please select at least two of the following types of IDs and send the copy to kyc@cloudtechx.com.au with the account registration form.

*请选择以下至少两种身份证件复印件，并将注册表格发送至kyc@cloudtechx.com.au。

☐ Passport 护照	☐ Driver's Licence(front and back) 驾照(正反两面)	☐ National ID(front and back) 身份证(正反两面)	☐ Medicare 国民医保卡
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Company KYB Documents 公司KYB文件

*Please send a copy of the following documents to kyc@cloudtechx.com.au. All document provided must be current and valid. If any of the document provided is in a language other than English, it must be accompanied by an English translation prepared by an accredited translator.

*请提供以下文件的复印件，并连同授权表格发送至kyc@cloudtechx.com.au。提供的所有文件必须是当前有效的。如果所提供的任何文件使用的语言不是英语，则必须附有由认可的翻译人员编写的英语译文。

☐ Certified Share Structure 认证的股本结构	☐ Organisational Chart 组织架构图	☐ Regulated Licences(if applicable) 受规管牌照(如适用)	☐ Recent Bank Statement 银行流水
☐ Certified Company Registration/Extract 认证的公司注册/成立文件	☐ Authorisation Letter 公司授权书		

Section 4 Authorised Personnel Declaration 授权人声明

- I declare that the information I have provided is TRUE and CORRECT. 我声明我提供的信息是真实和正确的。
- I declare that all BOs and myself are not politically exposed person (PEP), our funds are are not sourced from any kinds of corrupt, criminal, money laundering and/or terrorist financing activities. 我声明，所有受益人和我本人都不是政治人物(PEP)，我的所有资金不是来自任何形式的腐败、犯罪、洗钱和/或恐怖主义融资活动。
- I acknowledge that all the information provided by CloudTechX Pty Ltd does not take into account my financial situation, objectives or needs. 我承认，CloudTechX Pty Ltd提供的所有信息并未考虑到我的财务状况、目标或需求。
- I have been advised to seek independent advice before making any decisions. 我在做任何决定之前已被建议过寻求独立的意见。
- I have read, understood, and accept the Terms and Conditions; and Privacy Policy on CobWeb Pay website: <https://www.cobwebpay.com/>. 本人已阅读、明白并接受本条款及细则;cowebpay网站:https://www.cobwebpay.com/的隐私政策。
- I confirm that I have the authority to commit and act on behalf of the entity for the purposes of account registration and operations. 我确认，我有权代表该实体就账户注册和运营的目的发言和行事。
- I declare that the registering entity, all its BOs, and myself are not a U.S resident for tax purposes. 我声明，注册实体及其所有受益所有人和我本人都不是美国税务居民。

Company Authorised Personnel Name 董事/授权人姓名	Title 职位	Contact 联系方式
Signature 签名	Date 日期	