

## **CERTIFICATE OF WHOLESALE CLIENT**

The certificate has to be completed by a **Qualified Accountant**\* in compliance with Chapter 7 of the Corporations Act 2001.

		AETOS Client De	tails			
Full Name			Mobile I	Mobile No.		
AETOS Account Re	gistered Email		·			
Residential Address						
		Accountant Det	ails			
Full Name			Mobile I	No.		
Working Email						
Address						
By signing this form, □ has net assets of A □ has a gross annual	\$2.5 million.	<del>-</del>				0 a year.
I belong to:	[		]			
My membership num	ber:					
I comply with this bod	ly's continuing pr	rofessional educa	ion requireme	ents.		
Signature of Qualific	ed Accountant	D	ate of Certific	ation	(DD/MM/Y	Υ)
*Qualified Accountant is defin	ned in s9 of the Corpora	ations Act 2001 (Cth) and	d means a member	of a prof	essional body	that is

AETOS CAPITAL GROUP PTY LTD

approved by ASIC in writing for the purposes of that definition.

AFSL:313016 ACN: 125113117