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Gordon Street
SUVA
Telephone: 3307 025/3307018



FHL SECURITIES LIMITED

Mailing address: GPO Box 2110
Government Buildings
Suva, Fiji
Facsimile: 3317153

1. CLIENT DETAILS

CLIENT AGREEMENT

Account No.:

INVESTOR 1

Title (Dr /Mr /Mrs /Miss /Ms)

Surname/Family Name

First or Given Names

Date of Birth

Nationality

Father's Name

Occupation

Tax identification Number

2. CONTACT DETAILS

Residential Address

Postal Address

3. How do you want your reports, contract notes and certificates

Send. Please tick in the box of choice.

C/Collected

Posted

If posted which address you want us to use:

Postal

Residential

4. COMMUNICATE (Phone, Mobile, Fax & E-mail)

(Home Ph)

(Work Ph)

(Mobile)

(Fax)

(Email)

INVESTOR 2

(Please use if purchasing On Account Of or As Trustee For)

Title (Dr /Mr /Mrs /Miss /Ms)

Surname/Family Name

First or Given Names

Date of Birth

Nationality

Father's Name

Occupation

Tax identification Number

COMPANIES/INSTITUTIONS/GROUPS/TRUSTS

Name

Authorized Officers/ Position

Contact Person/Telephone No.

Tax Identification (TIN)

5. TYPE OF CLIENT (Please choose and tick in the box)

(Refer back of buy order for explanation)

Execution Only General Customer Discretionary

6. GENERAL INVESTMENT OBJECTIVES

Capital Growth Security High Income

Speculative Other (Specify)

7. Frequency of reporting by FHLs to clients (in regards to orders)

Daily Weekly Fortnightly Monthly

8. Do you wish FHLs to inform you on investment Opportunities?

YES NO

9. Who else is authorized to place buy orders on this account?

Self Either/Or Both Another party

Please provide details and contacts:

.....
.....
.....

10. Statement by the customer
 I/We acknowledge and understand that investments are subject to risks, share prices can go down as well as up, the calculation of fees by FHL.S, and that a customer has a right to complain. I/We also agree to inform FHL.S if there are any changes to the information on this form.

11. Signature of Account(s) (Please print name below signature)

Signature 1

Signature 2

Signature 3

Signature 4

Date

Company Seal

12. Financial Status

If FHL.S is to provide you with securities recommendations, by law it can only do so having made due enquiry as to your investment objective, financial situation and particular needs.

You may decline to provide the information requested below by signing the following confirmation but you should note that FHL.S recommendations and obligations will be limited accordingly.

We confirm that we do not wish to complete the following section of this Client Information Form as requested and accordingly release FHL.S from the requirement to obtain this information not provided.

Signed: _____

Dated: _____

Following is a simple Assets/Liabilities Statement, which we ask that you complete should you wish to provide the information. This is confidential to your advisor to assist in achieving your investment objectives.

LIABILITIES		ASSETS	
BANK etc: Mortgages/Loans (details)	\$	BANK	\$
OTHER		PROPERTY (DETAILS)	
Taxation		1	
Hire Purchase		2	
TOTAL LIABILITIES		TOTAL ASSETS	
SURPLUS		Other shares/debentures (above)	
TOTAL LIABILITIES		Code Number	Est Value
* Company's Financial Accounts to be submitted			
Monthly Income			
Monthly Expenses			
Net Uncommitted Income	\$		

I/We declare that the information given on this form is true and correct.

(NB: This document is confidential to your advisor to assist achieving your investment objectives)

Signature(s)

Licensed Broker/Dealer Representative

Date