





CLIENT DETAILS	ACCOUNTANT DETAILS
Name:	Name:
E-mail:	Membership No:
Address:	Address:
PROFESSIONAL BODY	DECLARED MEMBERSHIP CLASSIFICATIONS
The Institute of Chartered Accountants in Austr	tralia CA, ACA and FCA
CPA Australia	CPA and FCPA
Institution of Public Accountants (IPA)	AIPA, MIPA and FIPA
<ul> <li>Eligible foreign professional bodies:</li> <li>Institute of Chartered Accountants of New Z</li> <li>The American Institute of Certified Public Ac</li> <li>Canadian Institute of Chartered Accountants</li> <li>Association of Certified Chartered Accountants (United Kingdom);</li> <li>The Institute of Chartered Accountants in Enand Wales;</li> <li>The Institute of Chartered Accountants in Ire</li> <li>The Institute of Chartered Accountants in Social Chartered Accountan</li></ul>	listed and they:  ht;  ants  have at least three years practical experience in accounting or auditing, and are only providing a certificate for the purpose of ss708(8)(c) and 761G(7)(c) of the Corporation act to a person who is
ı	certify that the [person or entity] whose details are set out above:
<ul> <li>has net assets of at least AUD \$2.5 million; o</li> <li>has a gross income for each of the last two</li> </ul>	
I belong to:	[name of professional body]
My membership designation from this professi	sional body is
I comply with this body's continuing professio	onal educational requirements.
Accountant Signature	Date issued

## **CHAPTER 7 OF THE CORPORATIONS ACT 2001**

The certificate must be completed by a qualified accountant if the person is to be classified as a wholesale client under section 761G(7)(c) of the Corporations Act 2001

PLEASE RETURN THE COMPLETED CERTIFICATE TO KYC@ZEROCAP.COM