



ABN 92 140 677 792
Property Exchange Australia Ltd

Additional Digital Certificate Form

This form must be executed by the Subscriber Organisation. Once executed, please return this form to registration@pexa.com.au

Prior to submitting this form PEXA recommends that you create the nominated individual(s) as Users in the PEXA system, if they do not exist already.

If you wish to obtain your first PEXA Digital Certificate, please email registration@pexa.com.au or contact the PEXA Support Centre on 1300 084 515.

A Subscriber Details

A

NOTE: All fields marked with * are mandatory

Subscriber ID

Subscriber*
(Legal entity name)

Business Name

ABN*

B Additional Digital Certificate Holders

B

Please provide the following information for each additional or existing Digital Certificate holder. If you require more than three additional PEXA Digital Certificates, please complete the Annexure page.

First Name* Middle Name Last Name*

Email* Mobile Number

Postal Address*

City*

State* Postcode*

Additional Digital Certificate Form

First Name*	Middle Name	Last Name*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email*		Mobile Number
<input type="text"/>		<input type="text"/>
Postal Address* or same as Page 1	<input type="text"/>	
City*	<input type="text"/>	
State*	<input type="text"/>	Postcode* <input type="text"/>

First Name*	Middle Name	Last Name*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email*		Mobile Number
<input type="text"/>		<input type="text"/>
Postal Street Address* or same as Page 1	<input type="text"/>	
City*	<input type="text"/>	
State*	<input type="text"/>	Postcode* <input type="text"/>

Privacy Statement

Your personal information is being collected by Property Exchange Australia Limited (ABN 92 140 677 792) (PEXA) in order to issue digital certificates to the person nominated in the form. PEXA may disclose the personal information you provide to third parties providing digital certificate services to PEXA. If you don't provide the personal information requested PEXA will not be able to issue digital certificates to the person(s) nominated in the form. Your personal information is not likely to be disclosed to overseas recipients.

PEXA's Privacy Policy, available at www.pexa.com.au/privacypolicy, provides information about how you may access and correct the personal information that PEXA holds about you and how you may complain about a breach of privacy by PEXA and how PEXA will deal with privacy complaints.

Any queries about PEXA and privacy should be directed to PEXA's Privacy Officer on +61 3 9912 6500 or by email at compliance@pexa.com.au. You agree that, if you provide personal information about third parties to PEXA, you will first make those third parties aware of this Privacy Statement.

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D Execution

By executing this form, the Subscriber Organisation agrees to pay the fee for each additional Digital Certificate in accordance with the PEXA Digital Certificate Subscriber Agreement. PEXA will also require a Verification of Identity to be completed for the person or persons who signs this agreement if this information is not already held.

The fee for each additional Digital Certificate is available at www.pexa.com.au/pexa-dsc. PEXA will direct debit the amount of the fees from your nominated account and provide you with an invoice for the amount debited.

EXECUTED by SUBSCRIBER ORGANISATION (Company)

NOTE: All fields marked with * are mandatory

Signature of director	Signature of director/secretary
<input type="text"/>	<input type="text"/>
Name of director (print)	Name of director/secretary (print)
<input type="text"/>	<input type="text"/>
Date* <input type="text"/> <input type="text"/> <input type="text"/>	

EXECUTED by SUBSCRIBER ORGANISATION (Authorised Representative)

Signature of Authorised Representative	Signature of Authorised Representative (As required)
<input type="text"/>	<input type="text"/>
Name of Authorised Representative (print)	Name of Authorised Representative (print)
<input type="text"/>	<input type="text"/>
Date* <input type="text"/> <input type="text"/> <input type="text"/>	

EXECUTED by SUBSCRIBER ORGANISATION (Power of Attorney)

Signature of Attorney	Name of Attorney (print)
<input type="text"/>	<input type="text"/>
	Date* <input type="text"/> <input type="text"/> <input type="text"/>

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E Annexure

First Name*	Middle Name	Last Name*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email*		Mobile Number
<input type="text"/>		<input type="text"/>
Postal Address* or same as Page 1	<input type="text"/>	
City*	<input type="text"/>	
State*	<input type="text"/>	Postcode* <input type="text"/>

First Name*	Middle Name	Last Name*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email*		Mobile Number
<input type="text"/>		<input type="text"/>
Postal Address* or same as Page 1	<input type="text"/>	
City*	<input type="text"/>	
State*	<input type="text"/>	Postcode* <input type="text"/>

First Name*	Middle Name	Last Name*
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City*	<input type="text"/>	
State*	<input type="text"/>	Postcode* <input type="text"/>