

PEXA Digital Certificate Form

Please complete this form to **obtain an additional PEXA Digital Certificate, request to un-suspend or renew an existing PEXA Digital Certificate**. 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 go to the following [link](#) or contact the PEXA Support Centre on 1300 084 515.

A Subscriber Details

Subscriber ID:

Subscriber Organisation:
(Legal entity name)

ABN:

B Additional or Existing Digital Certificate Holders

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.

*Request Type:** Create Additional: Renew Existing: Un-suspend Existing:

First Name*

Middle Name

Last Name*

Email Address:

Mobile Number:

Postal Street Address:

City:

State:

Postcode:

*NOTE: All fields marked with * are mandatory*



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

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



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.

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)

Signature of director

Signature of director / secretary

Name of director (print)

Name of director/secretary (print)

Date:

Executed by Subscriber Organisation (Authorised Representative)

Signature of Authorised Representative

Name of Authorised Representative (print)

Date:

Executed by Subscriber Organisation (Power of Attorney)

Signature of Attorney

Name of Attorney (print)

Date:



E Annexure

First Name* Middle Name Last Name*
Email Address:* Mobile Number:*
Postal Street Address:*
or same as Page 1
City:*
State:* Postcode:*

First Name* Middle Name Last Name*
Email Address:* Mobile Number:*
Postal Street Address:*
or same as Page 1
City:*
State:* Postcode:*

First Name* Middle Name Last Name*
Email Address:* Mobile Number:*
Postal Street Address:*
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