

(OFFICE USE ONLY) CUSTOMER NUMBER_____

Registration form for an INDIVIDUAL		
Name		
(If you have ever been known by an	other name please provide details.)	
Date of Birth		
Address		
	Postcode	
-		
Phone	Mobile	Fax
The Purpose of Your Tra	ansactions	
Proceeds from selling house	Overseas mortgage repayments	Relocating overseas
Overseas travel fund	To pay invoices	Sending money home
Other (please specify)		
How did you hear about	Atlas Currency Exchange?	
Agent (please specify)	Google/Yahoo/Other wel	search
Advertising, Print	Advertising,TV	
Advertising, Web	Friend or family referral	
Other (please specify)		
•	victed of a criminal offence t N (If YES, you must attach details)	hat resulted in
Unique identifier/name/password for ID purposes		
(Min 6 characters)		
Hint question for above		
	and agree with the Terms and Financial Services Guide.	nd Conditions, Product
Signature	Date	



Print this form and fill out the fields by hand.

Fax or scan and email through to Atlas Currency Exchange, together with a copy of :

*Proof of identity of each Authorised Person (Passport, Drivers Licence)

*Proof of residential address (Bank Statement *preferred or Utility Bill) no more than three months old.

Atlas Currency Exchange

PO Box 542

Coolangatta, QLD 4225.

Fax 1300 261 090

Email kylie@atlascurrency.com.au