



Fortis Vault Registration Form

How did you hear about us? Web Magazine Referral _____ Other _____

Document checklist - *Originals or certified copies

Personal	Joint	Business	SMSF/ Trust	Short Term
<input type="checkbox"/> Sole account operator Valid Photo ID * <input type="checkbox"/> Proof of Residential Address	<input type="checkbox"/> Max 2 people registered Valid Photo ID * <input type="checkbox"/> Proof of Residential Address	<input type="checkbox"/> Certificate of registration <input type="checkbox"/> ASIC Statement <input type="checkbox"/> IDs of shareholders *	<input type="checkbox"/> Trust deed front cover & schedule deed * <input type="checkbox"/> IDs of Trustees *	<input type="checkbox"/> Direct debit Authorisation <input type="checkbox"/> Email / phone/ Mobile <input type="checkbox"/> Valid Photo ID * <input type="checkbox"/> Proof of Residential Address

Registered Persons For Access

Person 1	Office use CN:	Person 2	Office use CN:
Surname:		Surname:	
Given Name:		Given Name:	
DOB:		DOB:	
Residential Address:		Residential Address:	
	Post Code:		Post Code:
Mobile:	Phone:	Mobile:	Phone:
Email:		Email:	
Signature:	Date:	Signature:	Date:
Method of contact <input type="checkbox"/> EMAIL <input type="checkbox"/> POST <input type="checkbox"/> PHONE		Method of contact <input type="checkbox"/> EMAIL <input type="checkbox"/> POST <input type="checkbox"/> PHONE	

Next of kin:

Name:	Name:
Relationship:	Relationship:
DOB:	DOB:
Contact Number:	Contact Number:
Email:	Email:

Additional Individual on the account* Registered Person Authorised to communicate (requires a letter of authority)

Surname:	
Given Name:	
DOB:	
Address:	
	Post Code:
Mobile:	Phone:
Email:	
Signature:	Date:

Business/ Company

Company Name:	Principal of Business:
Trading As:	ABN:
Nature of Business:	ACN:
Registered Address:	Country of Establishment:

Directors/ Beneficial Owners

Any individual that owns over 25% or more of the issued company

Name:	Name:
Name:	Name:



SMSF

Trustee Name:	ABN / ACN:
ATF:	Registered Address:
Principal Place of Business:	Country of Establishment:
ARSN(Australian Registered Scheme No):	AFSL (Australian Financial Services Licence)

Payment Terms

All Monthly Payments must be via direct debit authorisation

Box size: Small Medium Large Extra Large

Payment term: Monthly Quarterly Semi - Annually Annually

Key deposit: \$270 Key deposit **(Additional fees apply for lost or damaged keys)**

Automatic renewal: Automatic subscription renewal authorisation

Insurance: Amount _____ Details: _____

I confirm that I would like the below nominated credit card/ bank account to be charged with the fees relating to my account for the selected billing cycle as of ____/____/____.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard *Surcharges apply Expiry Date:	Account Name:
_____	ACC Number:
Name on Card:	BSB:

Consultant Name: _____

Customer Name: _____

Signature: _____

Date: _____

Box Number: _____ (for office use only)