

Attestation

I hereby apply for **one** of the following Scholarships:

ADA 1 or

ADA 2

ASX Market Participant (Organisation) Name	_____
Adviser Name (the Applicant)	_____
Advisers Position	_____
Business Address	_____
State/Postcode	_____
Email	_____
Phone	_____

No. of years advising equities	_____
No. of years advising options (ADA2 applicants only)	_____
Details of how training will be used in future advice	_____

The Compliance Manager/Authorised Person acknowledges that the information provided by the applicant above is correct. By making this application, the Applicant agrees that a requirement of this program is to successfully complete the course and exam. Any subsequent re-sit costs will be the responsibility of the applicant
Signed for and on behalf of the ASX Market Participant by Compliance Manager or Authorised Person
Name and title of Compliance Manager/Authorised Person
Applicant (Adviser) Signature
Applicant name and title
Date