



Client Account Number

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**SOPHISTICATED INVESTOR CERTIFICATE**

(Issued under Chapters 6D or 7 of the Corporations Act 2001)

Full Name of Individual or Company

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Address Details


I certify that the (Individual or Company) whose details are set out above:

- Has net assets of at least A\$2.5 million; or
- Has a gross income for each of the last 2 financial years of at least A\$250,000 a year

I confirm that I am a member of one or more of the following professional bodies (please tick appropriate box)

- ☐ CPA Australia ("CPA or FCPA")
- ☐ Institute of Chartered Accountants in Australia ("CA", "ACA" or "FCA")
- ☐ Institute of Public Accountants (IPA) ("AIPA", "MIPA" or "FIPA")

- I am subject to and in compliance with that professional body's continuing education requirements as listed in ASIC Class Order C0 01/1256.
- I confirm that I am independent of the above-named person and / or entities.

**ACKNOWLEDGEMENT AND SIGNATURE**

Accountant	Firm
Name (Please Print):	Name of Firm
Signature:	Business Address
Contact number:	Certificate Issue Date:

**\* This certificate is valid for 2 years from the date of issue**

Please send the completed form to:

State One Stockbroking Ltd  
PO BOX 7625  
CLOISTERS SQUARE WA 6850  
Or Email: [stateone@stateone.com.au](mailto:stateone@stateone.com.au)