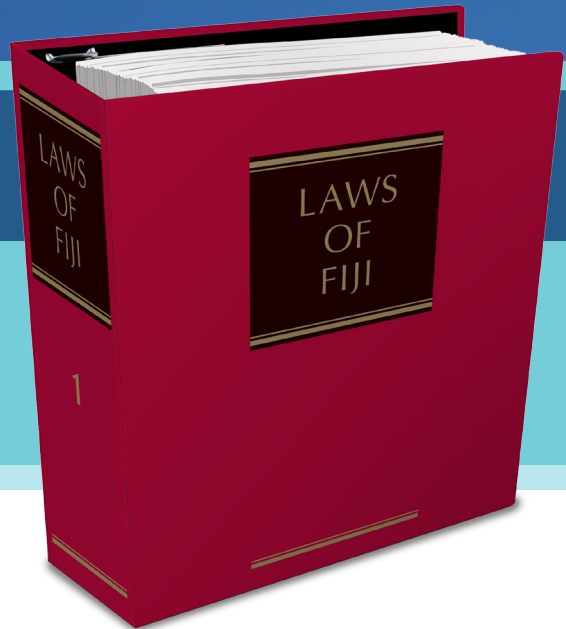


Laws of Fiji

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28. Except as otherwise provided herein, all notices and other communications to you hereunder shall be in writing or displayed electronically in the Services by the provider thereof. Notices to you shall be deemed to have been properly given on the date posted, if posted; on the date first made available, if displayed in the Services; or on the date received, if delivered in any other manner. Notices to us should be sent to your LexisNexis account representative, or if you do not have an account representative to LexisNexis customer services, at LexisNexis, Level 1, Tower 2, 475 Victoria Avenue, Chatswood NSW 2067 with a copy by email to customersupport@lexisnexis.com.au. Notices to you, if sent by email or by post, shall be sent to the postal address or email address LexisNexis has on record.
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Type of Account you wish to open
(Applications will not be processed without an order)

- Personal Account
 Company/Business Account

This form must be fully completed where a new account is required or there is a change of ownership of an existing account. No account shall exist pursuant to this application until it has been processed and approved.

Purchasers Details

Personal Account

Surname _____ First Name _____
Middle Name _____

Current Residential Address

Suburb _____ State _____ Postcode _____ Country _____

Previous Residential Address

Suburb _____ State _____ Postcode _____ Country _____

Contact for Orders

Date of Birth _____
Drivers License No _____ Telephone _____ Fax _____
Email _____

Billing Details

Billing Address (if different from residential address) _____
Suburb _____ State _____ Postcode _____ Country _____
Contact for Payments _____ Telephone _____ Fax _____
Email _____

Company/Business Account (All those with a registered ABN must complete this section)

Company Sole Trader Partnership Trust Other _____

Trading Since Date _____ Annual Turnover (Optional) _____

Number of Employees _____ Number of Fee Earners _____

Legal Company/Business Name _____

Trading Name (Name under which account will be open) _____

Name of Service Company _____

Trading Address

(Please note: postal box address will not be accepted) _____

Suburb _____ State _____ Postcode _____ Country _____

ABN _____

ACN _____

Shipping/Postal Address (If different) _____

Suburb _____ State _____ Postcode _____ Country _____

DX Address (Street Address must be provided) _____

DX Number DX Location _____

DX State Country _____

Billing Address (If different) _____

Suburb _____ State _____ Postcode _____

Telephone _____ Email _____

Reception Telephone _____ Fax _____

Email _____ Web Address _____

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Residential Address _____

2. Full Name _____ D.O.B _____ Driver Licence No. _____
Residential Address _____

3. Full Name _____ D.O.B _____ Driver Licence No. _____
Residential Address _____

Contact & Invoice Information

Primary Purchaser/Contact _____ Job Title _____
Fax () _____ Telephone () _____ Email _____

Account Clerk Contact _____ Job Title _____
Fax () _____ Telephone () _____ Email _____

Financial Controller _____ Job Title _____
Fax () _____ Telephone () _____ Email _____

Trade / Credit References (Not Credit Card Companies or Finance Institutions) Include name of business to which reference applies

1. Name _____ Position _____
Company _____ Telephone () _____ Email _____
Address _____

2. Name _____ Position _____
Company _____ Telephone () _____ Email _____
Address _____

3. Name _____ Position _____
Company _____ Telephone () _____ Email _____
Address _____

(Please supply three)

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Execution

All persons signing on behalf of a company warrant that he/she has authority to sign this Agreement on behalf of the company. In case of Partnership, all Partners have to sign.

Full Name _____	
Position _____	
Date _____	Applicants Signature _____
Full Name _____	
Position _____	
Date _____	Applicants Signature _____
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