



**APPLICATION FORM
ABORIGINAL AND TORRES STRAIT ISLANDER BUSINESS ADVANCEMENT FUND
("ABAF")**

Information Memorandum Date: 29 September 2015 (amended 5 October 2015)

Instructions – all applicants must complete and execute this Application Form as follows.

- A. INVESTMENT AMOUNT AND PAYMENT – please complete**
- B. WHOLESALE INVESTORS – please complete**
- C. APPLICANT DETAILS – please complete the relevant section only**

Section 1 – individual/joint investors/sole trader
Section 2 – company
Section 3 – trust/superannuation fund with individual trustee
Section 4 – trust/superannuation fund with corporate trustee

- D. DECLARATIONS**
- E. EXECUTION – please sign and date**
- F. SUBMISSION OF APPLICATION FORM**
- G. CUSTOMER IDENTIFICATION – attach relevant documents**

Please note that if you are an Australian resident you can choose whether or not to quote your tax file number (TFN) on the application form. If you do not provide your TFN or exemption code the Responsible Entity must withhold an amount at the highest marginal tax rate plus Medicare levy from any distribution to you.

All capitalised items used in this application form are defined in the Information Memorandum.

A. INVESTMENT AMOUNT AND PAYMENT

Amount: (minimum investment AUD\$250,000, thereafter multiples of \$50,000)

No of Units Applied for: (units of \$1,000 each)

Tick to indicate how your investment amount will be made:

Electronic Funds Transfer or Direct Deposit to:

Bank: Westpac Banking Corporation
Account Name: Primary Securities Ltd ABAF Offer
BSB: 036306
Account number: 487418

Reference: Investor surname/company or trust name (as applicable)

Cheque - to be made payable to: **Primary Securities Ltd ABAF Offer**

B. WHOLESALE INVESTOR

I acknowledge that the offer of Units issued by the Fund is a wholesale offer and therefore:

- does not require the giving of a product disclosure statement under the Corporations Act;
- does not require the giving of any other disclosure document that would require to be provided if the offer of Units in the Fund was made to a 'retail client' as defined in the Corporations Act;
- Primary Securities Ltd does not have any other obligation to me under Chapter 7 of the Corporations Act that the Trustee would otherwise have if the offer of Units in the Fund was made to a 'retail client' as defined in the Corporations Act; and one of the following circumstances apply to me (please indicate which applies):

- (a) I am applying for Units at a price, or for the value of at least AUD\$500,000 under this Application Form
- (b) I have net assets of at least AUD\$2.5 million, and am applying for Units in the Fund for a purpose other than for use in connection with a business
- (c) I have a gross income for each of the last two financial years of at least AUD\$250,000 per year, and am applying for Units in the Fund for a purpose other than for use in connection with a business
- (d) I am a 'professional investor' as defined in the Corporations Act
- (e) I am an 'experienced investor' as defined in the Corporations Act

If (b) or (c) applies, please ensure you submit an Accountant's Certificate

If (d) applies, please ensure you submit a Professional Investor Certificate

If (e) applies, please contact the Trustee as to the information required to be submitted

C. APPLICANT DETAILS

SECTION 1 - INDIVIDUAL/JOINT INVESTORS/SOLE TRADER

INVESTOR 1

Title

Date of Birth

Given

Names

Surname

Tax File Number or Exemption Code

Country of Residence for Tax (if not Australia)

Residential Address (not a PO Box)

Suburb

State

Postcode

Country

Telephone number

Email address

INVESTOR 2 (only applicable for joint investors)

Title

Date of Birth

Given Names

Surname

Tax File Number or Exemption Code

Country of Residence for Tax (if not Australia)

Residential Address (not a PO Box)

Suburb

State

Postcode

Country

Telephone Number

Email address

If there are more than two individuals please provide details and attach to this Application Form.

SECTION 2 - COMPANY

Full Company Name

Country of Formation, Incorporation or Registration

Country of Residence for Tax Purposes (if not Australia)

Company Number (if not registered in Australia)

ACN/ABN (if registered in Australia)

Tax File Number or Exemption Code

AFS Licence Number (if applicable)

Name of two Directors and Date of Birth:

Director 1 – Full Name

Date of Birth

Director 2 – Full Name (if not a Sole Director Company)

Date of Birth

Registered Business Address in Australia or in Country of Formation

Suburb

State

Postcode

Country

Principal Place of Business (not a PO Box address)

Suburb

State

Postcode

Country

If a Foreign Company, registration status with the relevant foreign registration body.

Private/Proprietary Company Public Company Other – Please Specify

Name of Relevant Foreign Registration Body

Is the Company Listed?

No Yes – Name of Market/Stock Exchange

Is the company a majority-owned subsidiary of an Australian listed company?

No Yes – Name of Australian Listed Company

– Name of Market/Stock Exchange

If the company is **registered as a proprietary company by ASIC** or is a **private company registered by a foreign registration body**, please list the name of each director of the company.

Director 1 – Full Name

Director 2 – Full Name

Director 3 – Full Name

If there are more than three directors please provide their full names on a separate page and attach to this Application Form.

If the company is an **Australian proprietary company** or a **foreign private company which is NOT regulated**, please provide details for each Beneficial Owner having more than 25 per cent of the company's issued share capital.

Beneficial Owner 1

Name

Residential Address (not a PO Box address)

Suburb

State

Postcode

Country

Beneficial Owner 2

Name

Residential Address (not a PO Box address)

Suburb

State

Postcode

Country

Beneficial Owner 3

Name

Residential Address (not a PO Box address)

Suburb

State

Postcode

Country

CONTACT DETAILS

Name

Postal Address

Suburb

State

Postcode

Country

Telephone Number

Email address

SECTION 3 – TRUST/SUPERANNUATION FUND WITH INDIVIDUAL(S) TRUSTEE(S)

Full Name of Trust/Superannuation Fund

Country of Establishment

Country of Residence for Tax Purposes

Tax File Number or Exemption Code

Australian Business Number (if any)

Type of Trust

(Please tick ONE box from the list below to indicate the type of Trust and provide the required information)

Type A: Regulated Trust (e.g. self-managed superannuation fund)

Name of regulator (e.g. ASIC, APRA, ATO)

Registration/Licensing details

Type B: Government Superannuation Fund

Name of the legislation establishing the fund

Type C: Foreign Superannuation Fund

Name of Regulator

Registration/Licensing Details

Type D: Other Type of Trust

Trust Description (e.g. family, unit, charitable, discretionary)

Beneficiary Details (only applicable for Type D Trusts)

Do the terms of the Trust identify the beneficiaries by reference to a membership of a class?

Yes – Describe the class of beneficiaries below (e.g. unit holders, family members of named person, charitable purposes)

No – Provide the full names of all company and individual beneficiaries

Beneficiary 1 – Full Name

Beneficiary 2 – Full Name

Beneficiary 3 – Full Name

If there are more than three beneficiaries please provide their full names on a separate page and attach to this Application Form.

TRUSTEE DETAILS

INDIVIDUAL TRUSTEE 1

Title				Date of Birth		
Given Names				Surname		
Residential Address (not a PO Box address)						
Suburb	State	Postcode	Country			

INDIVIDUAL TRUSTEE 2

Title				Date of Birth		
Given Names				Surname		
Residential Address (not a PO Box address)						
Suburb	State	Postcode	Country			

If there are more than two trustees provide details additional trustees on a separate page attach to this form.

CONTACT DETAILS (Must be one of the individual trustees as detailed above)

Telephone Number	Email address

SECTION 4 – TRUST/SUPERANNUATION FUND WITH A CORPORATE TRUSTEE

Full Name of Trust/Superannuation Fund

Country of Establishment

Country of Residence for Tax Purposes

Tax File Number or Exemption Code

Australian Business Number (if any)

Type of Trust

(Please tick **ONE** box from the list below to indicate the type of Trust and provide the required information)

Type A: Registered Managed investment Scheme ARSN

Type B: Regulated Trust (e.g. self-managed superannuation fund)

Name of regulator (e.g. ASIC, APRA, ATO)

Registration/Licensing details

Type C: Government Superannuation Fund

Name of the legislation establishing the fund

Type D: Foreign Superannuation Fund

Name of Regulator

Registration/Licensing Details

Type E: Other Type of Trust

Trust Description (e.g. family, unit, charitable, discretionary)

Beneficiary Details (only applicable for type E Trusts)

Do the terms of the Trust identify the beneficiaries by reference to a membership of a class?

Yes – Describe the class of beneficiaries below

(e.g. unit holders, family members of named person, charitable purposes)

No – Provide the full names of all company and individual beneficiaries

Beneficiary 1 – Full Name

Beneficiary 2 – Full Name

Beneficiary 3 – Full Name

If there are more than three beneficiaries please provide their full names on a separate page and attach to this Application Form.

TRUSTEE DETAILS

Full Company Name

Country of Formation, Incorporation or Registration

Country of Residence for Tax Purposes (if not Australia)

Company Number (if not registered in Australia)

ACN/ABN (if registered in Australia)

Tax File Number or Exemption Code

AFS Licence Number (if applicable)

Name of Two Directors and Date of Birth:

Director 1 – Full Name

Date of Birth

Director 2 – Full Name (if not a Sole Director Company)

Date of Birth

Registered Business Address in Australia or in Country of Formation

Suburb

State

Postcode

Country

Principal Place of Business (not a PO Box address)

Suburb

State

Postcode

Country

If a Foreign Company, registration status with the relevant foreign registration body.

Private/Proprietary Company Public Company Other – Please Specify

Name of Relevant Foreign Registration Body

Is the Company Listed?

No Yes – Name of Market/Stock Exchange

Is the company a majority-owned subsidiary of an Australian listed company?

No Yes – Name of Australian Listed Company

– Name of Market/Stock Exchange

If the company is **registered as a proprietary company by ASIC** or is a **private company registered by a foreign registration body**, please list the name of each director of the company.

Director 1 – Full Name

Director 2 – Full Name

Director 3 – Full Name

If there are more than three directors provide their full names on a separate page and attach to this form.

If the company is an **Australian proprietary** or a **foreign private company which is NOT regulated**, please provide details for each Beneficial Owner having more than 25 per cent of the company's issued share capital.

Beneficial Owner 1

Given Names

Surname

Residential Address (not a PO Box address)

Suburb

State

Postcode

Country

Beneficial Owner 2

Given Names

Surname

Residential Address (not a PO Box address)

Suburb

State

Postcode

Country

Beneficial Owner 3

Given Names

Surname

Residential Address (not a PO Box address)

Suburb

State

Postcode

Country

Contact Details

Given Names

Surname

Postal Address

Suburb

State

Postcode

Country

Telephone number

Email address

D. DECLARATIONS

I/we acknowledge and agree:

- that I/we have read the Information Memorandum to which this Application applies and have received and accepted the offer in it in Australia and that we have reviewed and understood any updated or supplemental information on the Trustee’s website or supplied by other means.
- that my/our application is true and correct;
- to be bound by the provisions of the Trust Deed governing the Fund, as amended from time to time and the terms of the Information Memorandum, including this Application Form (together “Documents”) as amended from time to time;
- that if this application is signed under Power of Attorney, the Attorney declares he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this application);
- not to hold the Trustee or their employees liable for any inaccurate information on its website and agree to the terms and conditions as set out on the website;
- to indemnify the Trustee and any related parties and to hold each of them harmless against any loss arising out of the sale or distribution of the Units by me/us in violation of applicable law or any misrepresentation or breach by me/us with respect to the matters set forth in the Application Form;
- that by signing the Application Form, I/we acknowledge that I/we have reviewed and understood any updated on supplemental information on the Trustee’s website or supplied by other means;
- the Trustee may deliver and make reports, statements and other communications available in electronic form, such as e-mail or by posting on a website;
- the Trustee reserves the right to reject any application or scale back an application in their absolute discretion;
- I have read and understood the Trustee’s privacy policy which is available on its website www.primarysecurities.com.au

E. EXECUTION

Signature 1*

Full Name

Date

Tick capacity (mandatory for companies):

Sole Director and Company Secretary

Signature 2*

Full Name

Date

Director

Secretary

The form should be signed by the applicant. If a joint applicant all must sign.

If signed by the applicant’s attorney a certified copy of the power of attorney must be attached to this form

If the applicant is a company, including a corporate trustee the form must be signed by the sole director (where applicable) or otherwise by a director and secretary or by two directors.

F. SUBMISSION

Post your original signed Application Form and original certified copies of your identification document(s) to:

Primary Securities Ltd
PO Box 732
FREMANTLE WA 6959

If payment is made by electronic transfer, please enclose a copy of the transfer receipt to assist with payment identification and verification.

G. CUSTOMER IDENTIFICATION

To comply with Australia's Anti Money Laundering and Counter Terrorism Financing legislation the Responsible Entity must collect certain information from prospective investors supported by ORIGINAL CERTIFIED COPIES of the following identification documents.

Please see below as to how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your Application for Investment.

Individuals/Sole Trader

For each Investor, enclose one of the following current documents

- Driver's licence that contains a photograph of the licence/permit holder; or
- Passport that contains a photograph and signature of the passport holder

If you do not have one of the above options, please contact us for assistance.

Company

Provide one of the following documents

- A certificate of registration or incorporation issued by ASIC or the relevant foreign registration body (must show full name of company, name of registration body, company identification number and type of company – private or public); and
- The most recent Company Statement issued by ASIC; and

AND provide photographic identification document for each Officeholder who has signed the Application Form.

- Driver's licence that contains a photograph of the licence/permit holder; or
- Passport that contains a photograph and signature of the passport holder

If you do not have one of the above options, please contact us for assistance.

Trust/Superannuation Fund with Individual Trustee

- Certified copy or certified extract of the Constitution containing the signature page.

AND for the Individual Trustee(s)

- Driver's licence that contains a photograph of the licence/permit holder; or
- Passport that contains a photograph and signature of the passport holder

If you do not have one of the above options, please contact us for assistance.

Trust/Superannuation Fund with Corporate Trustee

- The Constitution
- Certified copy or certified extract of the Constitution containing the signature page

AND for the Corporate Trustee one of the following documents

- A certificate of registration or incorporation issued by ASIC or the relevant foreign registration body (must show full name of company, name of registration body, company identification number and type of company – private or public); and
- The most recent Company Statement issued by ASIC.

AND provide photographic identification document for each Officeholder who has signed the Application Form.

- Driver's licence that contains a photograph of the licence/permit holder; or
- Passport that contains a photograph and signature of the passport holder C

Certifying a copy of an Original Document

To be a certified copy or extract, the copy or extract must have been certified by one of the following persons:

- (a) A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described);
- (a) A judge of a court;
- (b) A magistrate;
- (c) A chief executive officer of a Commonwealth court;
- (d) A registrar or deputy registrar of a court;
- (e) A Justice of the Peace;
- (f) A notary public (for the purposes of the *Statutory Declaration Regulations 1993*);
- (g) A police officer;
- (h) An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- (i) A permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public;
- (j) An Australian consular officer or an Australian diplomatic officer (within the meaning of the *Consular Fees Act 1955*);
- (k) An officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the *Statutory Declaration Regulations 1993*);
- (l) A finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the *Statutory Declaration Regulations 1993*);
- (m) An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees; or
- (n) A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.