

Application Form

Please complete the form below to provide your investor details for The Westferry Fund.

01. Your details

Are you an existing investor?

☐ Yes – my investor name or number is:

☐ No – I am a new investor.

Type of Investor

☐ Individual

☐ Joint

☐ Partnership

☐ Trustee

☐ Company

☐ Other – Specify:

☐ SMSF

Please complete your details below, then continue to Part 02.

Already an investor? If your details are unchanged, go straight to **Part 02 (Investment Amount)**.

If any details have changed, use **Part 01** below to update them. New investors: please complete **Part 01** in full.

Individuals / Individual Trustee

Including partners and individual trustees. We communicate with the first named investor.

Details – Investor 1

Title

Given Names

Surname

Are you known by any other name?

Date of Birth (DD / MM / YYYY)

Usual Occupation

Country of Residence

Phone

Mobile

Email

Sole Trader

☐ No ☐ Yes:

Your ABN (not the trust's)

Trust (and ARSN if applicable) or partnership name

Details – Investor 2

Title

Given Names

Surname

Are you known by any other name?

Date of Birth (DD / MM / YYYY)

Usual Occupation

Country of Residence

Phone

Mobile

Email

Sole Trader

☐ No ☐ Yes:

Your ABN (not the trust's)

Address – Investor 1

Do not write a PO Box. Companies, write your registered office. Individuals/sole traders, write your residential address. If you are a foreign company, write your registered agent's address.

Residential Address or Registered Office

Suburb

State

Post Code

Country

Postal Address (if different – PO Box is allowed)

Suburb

State

Post Code

Country

Principal Place of Business (if different)

Suburb

State

Post Code

Country

Company / Corporate Trustee

Including corporate trustees and other investor types.

Name of Company (as registered by ASIC)

Company's ABN, ARBN or ACN (the number of the company)

What is your business and any business name?

Trust Name (if you are a trustee)

ABN of the Trust (if you are a trustee)

Address – Investor 2

Use this section if there is more than one investor (eg. joint investors). We only need details about one trustee or partner. Joint individuals, write your residential address. Do not write a PO Box.

Residential Address

Suburb

State

Post Code

Country

Who should we contact there?

Phone

Mobile

Email

02. Investment Amount

For legal reasons, your account name must be the same as, or have a reasonable association with, the investing entity.

Amount (\$)

03. How are you paying?

Payment is by electronic funds transfer (EFT). Please transfer your investment amount to the account below, using your name (or the investing entity's name) as the reference.

Account name	Westferry Operations Pty Ltd as trustee for The Westferry Fund
Bank	Commonwealth Bank
BSB	06 4000
Account number	1623 8606
Reference	Your name (or the investing entity's name)

04. Your banking details

For legal reasons, this account must be in the same name as or have a reasonable association with the applicant. We may not be able to accept the application or there may be delays in processing if there is not what we consider to be a reasonable association between the two.

Account Name

Financial Institution

Other Details

BSB

Account Number

05. Reporting

Who should receive fund reports? (Select one or both)

☐ Myself ☐ Nominated Advisor

What is the nominated email address?

06. Source and origin of funds

What is the source of the money you are investing?
(You can select more than one)

- | | |
|---|--|
| ☐ General savings | ☐ Retirement savings |
| ☐ Gift | ☐ Inheritance |
| ☐ Gambling/winnings | ☐ Loan |
| ☐ Insurance proceeds | ☐ Personal goods sale |
| ☐ Proceeds of another investment | |
| ☐ Business activities including capital investment | |
| ☐ Other – Specify: | |

If the source of these moneys was not Australia, from which country did they originate?

Are you investing this money under an arrangement with someone else (other than any trust relationship you have described in this form)?

☐ No ☐ Yes – Please summarise below:

If it is not you that is really benefiting from this transaction, who is it (other than any trust relationship you have described in this form)?

☐ It's me ☐ It's someone else – Please detail:

07. Operating your account

Do you want your financial adviser to be able to operate your account?

☐ No ☐ Yes – They must complete Part 08.

If yes, your adviser and also generally others from their office whom we don't doubt have authority from your adviser, can operate your account as if they were you. It is important to tell us promptly if you no longer wish your financial adviser to operate your account or your financial adviser changes – we will keep accepting their instructions.

08. Financial Advisor details

Only fill out if your financial adviser is to operate your account. If you change your financial adviser, it's important to let us know in a timely way.

Full Name

Address Line

Firm (often called a 'dealer group')

Suburb

State

Firm ACN/ABN

Advisor ID Number

Post Code

Country

Dealer Group Number

Dealer Group AFSL

Signature of Financial Advisor

Phone

Mobile

Email

09. How many people need to sign to operate this account?

- ☐ Any signatory by themselves
- ☐ Any two or more signatories must sign

If we receive instructions from one person by email, we will assume this is sufficient. If you have authorised your financial adviser, then they will be able to operate your account by themselves. For some changes, we will need all signatories to sign.

10. What's next?

- Unless you're an existing investor, you need to complete the correct sections of the Identification Form.
- Once your funds arrive, we will confirm receipt. Once your application is accepted, you will be issued a unit certificate and a copy of the unit holder register.

11. Signatures

By signing this form, you (the applicant) are telling us:

- » you are a wholesale client as the Corporations Act defines this (this includes both sophisticated and professional investors),
- » you have the authority to sign,
- » you have read and understood the Information Memorandum and term sheet for the Fund,
- » you have had the opportunity to access and consider documents in any data room,
- » monies you are using for this investment are not associated with crime, terrorism, money laundering or terrorism financing nor will monies we pay you be used for such purposes,
- » you are not bankrupt or a minor, and
- » you agree to be bound by the Fund's trust deed, Information Memorandum and relevant term sheet, as supplemented, replaced or re-issued from time to time.

Individuals / Individual Trustee

Signature of Individual

Full Name

Signature of Individual

Full Name

Companies / Corporate Trustee

Signature of Director

Full Name

Signature of Director (or Secretary)

Full Name

If you are an agent, attorney, appointed guardian or appointed representative, by signing you are confirming your authority to act. Please attach a copy of the power of attorney or authority to act.

If there are more signatories, copy this page and attach it.

Identification and Tax Form

The Westferry Fund | Complete the parts that apply to how you are investing.

- Individuals / joint investors (including when acting as trustee): complete Sections 1 and 2.
- Companies (investing in their own right or as trustee): complete Section 3.
- Trusts & super funds: complete Section 4. Your trustees also complete Section 1 (individual trustee) or Section 3 (corporate trustee).
- Everyone: quote a Tax File Number (or ABN / exemption) where asked, and sign Section 5.

1. Individuals

Complete this section for each individual investing in their own name, including joint investors. Provide certified identification for each individual (Section 2).

Individual trustees of a trust must also complete this section – one entry for each individual trustee.

Individual 1

Full name

Date of Birth (DD / MM / YYYY)

Tax File Number (or ABN / exemption)

Individual 2 (joint investor or second trustee, if any)

Full name

Date of Birth (DD / MM / YYYY)

Tax File Number (or ABN / exemption)

Quoting a Tax File Number (TFN) or ABN is not compulsory and it is not an offence not to quote one. Collection of a TFN is authorised by taxation law and the Privacy Act 1988 (Cth). However, if you do not provide a TFN, ABN or exemption, we must withhold tax from your distributions at the highest marginal rate plus the Medicare levy.

2. Identification documents for individuals and individual trustees

Applies to every individual in Section 1 – individual investors AND individual trustees.

For each person, provide a certified copy of ONE document from Group 1. If you cannot, provide certified copies of TWO documents from Group 2 (one showing your photo or signature, and one showing your residential address).

Group 1

Provide a certified copy of one of these:

- ☐ **Australian driver's licence**
(Showing your photo – please copy the front and back)
- ☐ **Foreign driver's licence**
(Showing your date of birth, signature and photo)
- ☐ **Australian passport**
(A passport that expired within the preceding two years is acceptable; copy the pages that identify you)
- ☐ **Foreign passport or similar travel document**
(Issued by a foreign government, the UN or a UN agency, showing your signature and photo)
- ☐ **Australian State or Territory Government issued ID card**
(Showing your date of birth, signature and photo)
- ☐ **Foreign government issued ID card**
(Showing your date of birth, signature and photo)

Group 2

If you can't provide a Group 1 document, provide a certified copy of one of the following:

- ☐ **Australian or foreign government issued birth certificate**
- ☐ **Australian or foreign government issued citizenship certificate**
- ☐ **Centrelink pension, seniors or health card (please copy front and back)**

Plus, provide a certified copy of one of the following:

- ☐ **Government issued notice**
(Shows your name and residential address, not more than 12 months old)
- ☐ **Rates or utilities notice**
(Shows your name and residential address, not more than 3 months old)
- ☐ **ATO notice**
(Shows any debt owing to the ATO, your name and residential address, not more than 12 months old)

3. Companies

Complete this section if the investor is a company investing in its own right, OR if a company is the trustee of the trust in Section 4.

Tick the company type that applies and provide the documents shown, then give the director and beneficial owner details.

3a. Company details

Entity Name

Company's Tax File Number (or ABN)

Entity Name is the company's full registered name, not its trading or business name.

ACN / ABN

Type of Company

☐ Public ☐ Private ☐ Other:

Principal Place of Business Address (please do not write a GPO box)

Suburb

State

Post Code

Country

3b. Listed & regulated companies

Australian listed company?

☐ No ☐ Yes – Market/exchange:

Majority-owned subsidiary of an Australian listed company?

☐ No ☐ Yes – Company and its exchange:

Regulated company?

One licensed by an Australian Commonwealth, State or Territory statutory regulator.

☐ No ☐ Yes – Regulator and licence number:

If yes to any of the above, provide a certified copy of ONE of the following, then sign Section 5 (private companies also complete 3d):

☐ ASIC search

☐ Search of the licence / records of the relevant regulator

☐ Public document issued by the company

☐ Search of the relevant market / exchange

3c. Public companies

Public (unlisted) companies, provide a certified copy of ONE of the following, then sign Section 5:

- ☐ ASIC search ☐ Certificate of registration issued by ASIC

3d. Private companies

Proprietary (private) companies, provide a certified copy of ONE of the following, then complete the director details below:

- ☐ ASIC search ☐ Certificate of registration issued by ASIC

Directors List every director. Not enough room? Attach the details.

Director 1 – Full Name

Director 2 – Full Name

Director 3 – Full Name

Director 4 – Full Name

3e. Beneficial owners

Individuals who, through one or more shareholdings, ultimately own or control more than 25% of the company's issued capital. Provide certified identification for each (Section 2). If there are more than two, attach their details.

Full Name (1)

Residential Address

Suburb

State

Post Code

Country

Full Name (2)

Residential Address

Suburb

State

Post Code

Country

3f. Foreign companies

Complete if the company was formed outside Australia.

Company Name

Country of Formation

Registration number issued by the foreign registration body

Registered in that country?

☐ No ☐ Yes – Regulator:

Registered in Australia?

☐ No ☐ Yes – ARBN:

Registered business address in country of formation

Suburb

State

Post Code

Country

Foreign companies: also provide a certified copy of an ASIC or foreign-regulator search, or a registration certificate issued by ASIC or the foreign regulator.

4. Trusts & super funds

Complete this section if the investor is a trust or super fund.

4a. Trust details

Trustee Name(s)

Trust / Super Fund Name

Trust / Super Fund Business Name (if any)

Country established (if not Australia)

Trust's Tax File Number (or ABN / exemption)

4b. Regulated trusts

This includes super funds and SMSFs.

Super fund? (or another type of trust regulated by an Australian Commonwealth, State or Territory regulator)

☐ No ☐ Yes – Specify details on the right:

Managed investment scheme?

☐ No ☐ Yes –
(ARSN, if registered)

Government superannuation fund?

☐ No ☐ Yes – Act which regulates the trust:

Trust's ABN

Regulator if not APRA or the ATO

Any licence number

If yes to any of the above, provide a certified copy of ONE of the following, then sign Section 5 – for you this form is then complete:

- ☐ Super funds – export of 'Super Fund Lookup' results (abn.business.gov.au)
- ☐ Registered scheme – ASIC search of the scheme
- ☐ Government super fund – extract of the establishing legislation

4c. Non-regulated trusts

This includes family discretionary trusts, family and other unit trusts, deceased estates and charitable trusts (but not self-managed super funds).

Does the trust deed name the beneficiaries?

☐ No – Specify how the beneficiaries are described (e.g. class of persons):

☐ Yes – Specify the beneficiaries below (if there are more, attach the details):

Beneficiary Name

Beneficiary Name

Beneficiary Name

Beneficiary Name

- Identify your trustees: each individual trustee completes Sections 1 and 2; a corporate trustee completes Section 3.

Also provide a certified copy of ONE of the following that confirms the trust's name:

- ☐ ATO notice (less than 12 months old)
- ☐ Letter from a solicitor or qualified accountant confirming the trust's name
- ☐ Certified copy of a page of the trust deed showing the trust's name

5. Signatures

Sole director companies need only one signature.

Signature of Trustee / Director

Signature of Trustee / Director / Secretary

Full Name

Full Name

Date (DD / MM / YYYY)

Date (DD / MM / YYYY)

Sophisticated Investor Certificate

Qualified accountant's certificate | Corporations Act 2001 (Cth) ss 708(8)(c) and 761G(7)(c)

This certificate is to be completed by a qualified accountant to confirm that an investor in The Westferry Fund is a 'sophisticated investor' under section 708(8)(c), and a 'wholesale client' under section 761G(7)(c), of the Corporations Act 2001 (Cth). It allows units to be issued without a regulated disclosure document or Product Disclosure Statement.

01. Investor the certificate relates to

Investor name (individual, company or trust)

ABN / ACN (if a company or trust)

Country of establishment (if not Australia)

Address

Suburb

State

Post Code

Country

02. Certification

I certify that the investor named above (or a company or trust controlled by that person):

☐ has net assets of at least \$2,500,000; and / or

☐ had a gross income for each of the last two financial years of at least \$250,000 a year.

Tick one or both. These are the criteria in regulations 6D.2.03 and 7.1.28 of the Corporations Regulations 2001 (Cth).

03. Qualified accountant's details

Accountant full name

Firm / practice

Professional body (tick one)

☐ Chartered Accountants ANZ (CA ANZ)

☐ CPA Australia

☐ Institute of Public Accountants (IPA)

☐ Overseas equivalent – specify:

Membership designation (e.g. CA, CPA, FCPA, FIPA)

Membership number

Firm address

Phone

Email

04. Declaration and signature

I declare that I am a qualified accountant within the meaning of section 88B of the Corporations Act 2001 (Cth) and ASIC Corporations (Qualified Accountant) Instrument 2016/786; that I hold current membership and the designation of the professional body indicated above and comply with that body's continuing professional development requirements; and that the statements in this certificate are true and correct.

Signature of qualified accountant

Print name

Date

A qualified accountant's certificate is valid for two years from the date it is signed, and must be dated less than two years before units are offered to the investor. If you change accountant or the investor's circumstances change, a fresh certificate may be required.