



Please complete Application Form in full in black or blue pen using CAPITAL LETTERS and X where appropriate.

Please note: ALL SECTIONS of this form need to be completed. If a box or section does not apply, please place N/A or NOT APPLICABLE in that box rather than leaving it blank. ANY AREAS THAT ARE LEFT BLANK MAY DELAY YOUR APPLICATION.

The Accountants Certificate will be valid for 2 years from the date signed.

**Investor/Account Holder**

Full Name of Individual/Company  Contact Person's Name

Contact Email Address

**Sophisticated Investor: Account Designation**

**Joint accounts** – A separate form for each account holder is required.

**Company accounts** – The form should be in the name of the corporation (not the directors).

**Superannuation or Family Trust** – The form should be in the name of the “Trustee” not the trust fund.

**Person acting as Trustee** – A form for each “Trustee”.

**Company acting as Trustee** – The form should be in the name of the “Corporation”.

**Registered Accountant's Details (required)**

Full name  Company

Address

State  Postcode

**Qualified Accountant's Certification (required – please complete both sections below)**

**Section 1**

I am a qualified accountant within the definition of Section 9 of the Corporations Act 2001 (Cth)

**Section 2**

In accordance with the Corporations Act 2001 (Cth) – Section(s) 708(8)(c) and 761G(7)(c) (as amended by regulation 7.6.02AC of the Corporations Regulations 2001 (the “Regulations”)) and regulation 7.1.28 of the Regulations, I certify the investor/account holder named above in this document is/are my client(s) and:

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.

Signature  Date

**Controlled Entities**

Being the holder of a current Accountant's Certificate issued in accordance with the Corporations Act – Section(s) 708(8)(c) and 761G(7)(c), the investor/account holder above controls\* the following entities (trust or company).

Full name of Entity

Full name of Entity

Full name of Entity

Full name of Entity

Full name of Entity

\* Control – referring to having the capacity to determine the outcome of decisions about an entity’s financial and operating policies in accordance with the Corporations Act – Section 50AA.

Investor’s/Accountant’s signature

Date

Print name

Capacity e.g. Director, Secretary, Accountant or Trustee (leave blank if completing an application in respect of an individual)

**Co-trustee of controlled trust (where applicable)**

This section only applies to superannuation funds or family trust with individuals as trustees where not all trustees meet the wholesale criteria and the trustee(s) that does has financial control over the fund or trust. All trustees who do not qualify as wholesale need to sign and date the below declaration in order for the entities to be classified as wholesale.

As co-trustee of the controlled entities named above, I confirm that the individual investor(s) named above has control of the entities and determines the financial outcomes and operation decisions of the entities.

Full name

Signature

Date

Full name

Signature

Date

Full name

Signature

Date