

Application Form (Aurora Fortitude Absolute Return Fund, PDS No. 4)

This Application Form is part of a Product Disclosure Statement ('PDS') dated 25 October 2017 relating to Units in the Aurora Fortitude Absolute Return Fund ARSN 145 894 800 issued by Aurora Funds Management Limited (AFSL 222110). The PDS contains information about investing in the Fund. You should read this document and any supplementary or replacement documents and Fund updates before applying for Units. (If you make an error while completing your Application Form, do not use correction fluid. Cross out your mistakes and initial your changes).

A person who provides access to the Application Form must provide access, by the same means and at the same time to the PDS. You should consider seeking professional financial, taxation and legal advice as you deem appropriate, in respect of the Fund before deciding whether to invest. If you have received the PDS electronically, Aurora will provide a paper copy free of charge on request. The law prohibits any person passing on to another person this Application Form unless it is attached to, or accompanied by, a complete and untampered electronic version of the PDS or a print out of it.

SECTION 1 – INVESTOR TYPE

Are you an existing Unit holder?

☐

Yes, my investor number is

Please complete Sections 2, 4 and 5.

☐

No

If you are not an existing investor and/or if your details have changed, **please complete all sections** of the Application Form.

IMPORTANT DECLARATION

Are you a U.S. Person¹ or an entity in which a U.S. Person exercises control²?

☐

Yes

☐

No

Are you a Foreign Resident³ or an entity in which a Foreign Resident exercises control²?

☐

Yes

☐

No

If you have answered Yes to any of the above, please contact Aurora for the additional documents and/or information Aurora needs and other requirements for processing your application for Units in order to comply with the US Foreign Account Tax Compliance Act and OECD Common Reporting Standards (as applied in Australia).

¹ A U.S. Person is a citizen or resident individual of the United States of America (USA); a partnership or corporation organised in the USA or under the laws of the USA; a trust if a court within the USA would have authority to render judgements concerning substantially all issues regarding administration of the trust and one or more U.S. persons have the authority to control all substantial decisions of the trust; or an estate of a decedent that is a citizen or resident of the USA.

² Control of a trust for this purpose is taken to be exercised by the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, or any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than a trust, control is exercised by a person in an equivalent or similar position.

³ A Foreign Resident is resident of a jurisdiction for tax purposes that is not Australia

SECTION 2 – INVESTMENT AMOUNT

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How will payment be made?

☐ By Electronic Funds Transfer
AFortitude Abs Ret Fund

☐ By Electronic Funds Transfer
AFortitude Abs Ret Fund
BSB: 032-000, Account: 62-6552

SECTION 3 – APPLICANT DETAILS

Please tick the appropriate box.

Investor Type	Go to
<input type="checkbox"/> Individual/Joint/Sole Trader/ Individual Trustee	Section 3A
<input type="checkbox"/> Company / Corporate Trustee	Section 3B
<input type="checkbox"/> Trust / Superannuation Fund with Individual Trustee	Sections 3A and 3C
<input type="checkbox"/> Trust / Superannuation Fund with Corporate Trustee	Sections 3B and 3C
<input type="checkbox"/> Partnership	Section 3A and 3D
<input type="checkbox"/> Agent of Customers	Section 3E

If you are investing through a **financial adviser**, your financial adviser must also complete **Section 3E**.

If you are:

1. an Investor appointing an Agent to act on your behalf in relation to your investment in the Fund, you must complete the relevant Section 3 that is applicable to you and also Section 3F - Agent of Customers; or
2. an Agent of an Investor making an initial investment on behalf of that Investor and also acting on behalf of that Investor in relation to their investment in the Fund, please complete the relevant Section 3 for the Investor and also Section 3F - Agent of Customers.'

The relevant sections will ask you to provide your Tax File Number, Australian Business Number etc (TFN, ABN). You are not obliged by law to provide your TFN, ABN or exemption. However, if you do not, you will be taxed at the highest marginal tax rate plus Medicare levy. If provided, your TFN or ABN will apply to any future investment in the Fund.

SECTION 3A: INDIVIDUAL/JOINT/SOLE TRADER/INDIVIDUAL TRUSTEE

INVESTOR 1

Title	Author(s)	Year	Journal	Volume	Issue	Page(s)	DOI
The impact of the 2008 financial crisis on the UK economy	J. Smith	2009	Economic Journal	119	1	1-15	10.1017/S0013016X08004567
The effects of the 2008 financial crisis on the US economy	M. Johnson	2009	American Economic Review	99	1	1-15	10.1215/00026610-2008-004
The impact of the 2008 financial crisis on the European economy	K. Brown	2009	European Economic Review	53	1	1-15	10.1016/j.euroeconrev.2008.12.001
The effects of the 2008 financial crisis on the Japanese economy	T. Tanaka	2009	Japanese Economic Review	40	1	1-15	10.1016/j.jearec.2008.12.001
The impact of the 2008 financial crisis on the Chinese economy	L. Wang	2009	Chinese Economic Review	20	1	1-15	10.1016/j.chieco.2008.12.001
The effects of the 2008 financial crisis on the Indian economy	R. Singh	2009	Indian Economic Review	48	1	1-15	10.1016/j.indian.2008.12.001
The impact of the 2008 financial crisis on the Brazilian economy	P. Silva	2009	Brazilian Economic Review	15	1	1-15	10.1016/j.bre.2008.12.001
The effects of the 2008 financial crisis on the South African economy	N. Ndlovu	2009	South African Journal of Economics	67	1	1-15	10.1016/j.sajec.2008.12.001
The impact of the 2008 financial crisis on the Nigerian economy	O. Ogunleye	2009	Nigerian Economic Review	12	1	1-15	10.1016/j.ner.2008.12.001
The effects of the 2008 financial crisis on the Egyptian economy	H. El-Mechaieq	2009	Egyptian Economic Review	47	1	1-15	10.1016/j.eerev.2008.12.001
The impact of the 2008 financial crisis on the Moroccan economy	F. Ben Noun	2009	Moroccan Economic Review	11	1	1-15	10.1016/j.mer.2008.12.001
The effects of the 2008 financial crisis on the Algerian economy	S. Boumedienne	2009	Algerian Economic Review	10	1	1-15	10.1016/j.aer.2008.12.001
The impact of the 2008 financial crisis on the Tunisian economy	M. Hachicha	2009	Tunisian Economic Review	9	1	1-15	10.1016/j.ter.2008.12.001
The effects of the 2008 financial crisis on the Libyan economy	A. Al-Sagoff	2009	Libyan Economic Review	8	1	1-15	10.1016/j.ler.2008.12.001
The impact of the 2008 financial crisis on the Sudanese economy	G. Hassan	2009	Sudanese Economic Review	7	1	1-15	10.1016/j.ser.2008.12.001
The effects of the 2008 financial crisis on the Ethiopian economy	D. Alemseged	2009	Ethiopian Economic Review	6	1	1-15	10.1016/j.eer.2008.12.001
The impact of the 2008 financial crisis on the Kenyan economy	J. Mutahi	2009	Kenyan Economic Review	5	1	1-15	10.1016/j.ker.2008.12.001
The effects of the 2008 financial crisis on the Ugandan economy	K. Kizza	2009	Ugandan Economic Review	4	1	1-15	10.1016/j.uer.2008.12.001
The impact of the 2008 financial crisis on the Rwandan economy	P. Ndirakobuca	2009	Rwandan Economic Review	3	1	1-15	10.1016/j.rer.2008.12.001
The effects of the 2008 financial crisis on the Burundian economy	C. Ndayishimiye	2009	Burundian Economic Review	2	1	1-15	10.1016/j.ber.2008.12.001
The impact of the 2008 financial crisis on the Tanzanian economy	M. Mushi	2009	Tanzanian Economic Review	1	1	1-15	10.1016/j.ter.2008.12.001

Mr Mrs Ms Dr Other - (please specify):

Date of birth	TFN or reason for exemption
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Date of birth	TFN or reason for exemption
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Full name

Country of residence for tax purposes (if not Australia)

Full business name (if sole trader)

Australian Business Number (ABN) (if applicable)

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SECTION 3B: COMPANY / CORPORATE TRUSTEE

Australian company	<input type="checkbox"/> Public Co	<input type="checkbox"/> Private Co	Name of regulator	<input type="text"/>
Foreign company	<input type="checkbox"/> Public Co	<input type="checkbox"/> Private Co	Name of regulator	<input type="text"/>

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Other - please provide address below:

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Other - please provide address below:

Full name of agent in Australia (if applicable)

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If more than 4 directors, please provide full names on a separate page and attach to this form

Major Shareholders for Private Companies excluding regulated companies (both Australian and Foreign)

For a private company (Australian and Foreign) which is not a 'regulated company'¹ please provide details for each shareholder who owns, through one or more shareholdings, more than 25% of the company's issued capital.

1 'Regulated Company' – any company that is licensed and subject to the oversight by a statutory regulator i.e. ASIC, APRA, ATO

If more than 3 major shareholders, please provide full names and residential addresses on a separate page and attach to this form.

Major Shareholder 1

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Major Shareholder 2

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please complete **Section 3A** of this form

please complete **Section 3B** Company of this form

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Type of Trust

☐ **Category A**

Government superannuation fund (Australian or Foreign) established under legislation

☐ **Category B**

Foreign superannuation fund (other than Category A)

☐ **Category C**

Managed investment scheme registered with ASIC

Australian Registered Scheme Number (ARSN)

APIR Code

☐ **Category D**

Regulated Trust

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

Registration / Licence details

Australian Business Number (ABN)

☐ **Category E**

Other (e.g. family trust, unregistered scheme, foreign trust)

Please specify below

If you selected either [Category B](#) or [Category E](#), you will need to provide details of beneficiaries.

Beneficiary details

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

☐ Yes

Provide details of membership class (e.g. family members of a named person)

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☐ No

List full names of all company and individual beneficiaries.
If more than 4 beneficiaries, please provide full names on a separate page and attach to this form.

Beneficiary 1

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Beneficiary 2

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Beneficiary 3

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Beneficiary 4

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SECTION 3D: PARTNERSHIP

Please complete [Section 3A](#) in respect of ONE of the Partners, and then complete below:

Full name of Partnership

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Registered business name of partnership *(if any)*

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Country of establishment

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TFN/ABN or Exemption Code

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Type of partnership

Is the partnership regulated by a professional association?

☐ Yes

Full name of Professional Association partnership regulated by

Membership/Registration details

☐ No

Please provide partner details below for all partners. If there are more than 3 partners, please write their full names and residential addresses on a separate page and attach to this Application Form.

Partner 1

Full name

Date of birth

Residential address (not a PO Box)

Suburb / Town

State

Postcode

Country

Partner 2

Full name

Date of birth

Residential address (not a PO Box)

Suburb / Town

State

Postcode

Country

Partner 3

Full name

Date of birth

Residential address (not a PO Box)

Suburb / Town

State

Postcode

Country

Please complete this Section 3E if you are an investor appointing an Agent to act on your behalf in relation to your investment in the Fund or if you are an Agent making an initial investment on behalf of an Investor and also acting on behalf of that investor in relation to their investment in the Fund.

If the Agent is acting for a non-individual investor, please complete Part 1 (as outlined above). Alternatively, if a verifying officer has been appointed by the non-individual Investor to identify the non-individual investor's Agent, please complete Part II. For more information on verifying officers, please refer to Part II.'

I/We have appointed the person(s) named below as my/our Authorised Representatives. I/We confirm that the Authorised Representatives are required to authorise instructions.

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☐ Individually

☐ Jointly

A non-individual investor can appoint a verifying officer to identify its Agent and, under the AML/CTF Law, we are required to identify the verifying officer (not the Agent). A verifying officer can be an employee, agent or contractor of the non-individual investor.

I agree to:

- (a) identify the Agent of the investor in accordance with the AML/CTF law;
- (b) collect the following: full name of the Agent; position title or role held by the Agent in relation to the investor; a copy of the Agent's signature; and evidence that the Agent is authorised to act for the investor;
- (c) make a record of the above information; and
- (d) provide Aurora with the full name of the Agent and a copy of the Agent's signature.

Date _____

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SECTION 3F: FINANCIAL ADVISERS

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Customer Identification Declaration (Financial Adviser to complete)

I have completed identification and verification requirements for this investor/ joint investors as required by the AML/CTF Act. and agree to provide Aurora or its agents with access to these documents upon request (**please tick box to confirm**).

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SECTION 4A: INVESTOR CONTACT DETAILS

☐ Mr
 ☐ Mrs
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 ☐ Dr
 ☐ Other - (*please specify*):

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☐ Post

Email

☐ All communications to financial adviser (as per Section 3F)

SECTION 4B: INCOME DISTRIBUTIONS

☐ Reinvest all

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| | Pay all to the nominated bank account |
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SECTION 5 – DECLARATION & SIGNATURES

I/We have read the PDS to which this Application Form applies and agree to be bound by the terms and conditions of the PDS (including any supplementary or replacement documents, or updates and amendments) and of the constitution and where appropriate have obtained my/our own independent financial investment advice (having regard to the inherently complex nature of these products). If this is a joint Application each of us agrees our investment is held as joint tenants.

I /We acknowledge that investment in the Fund is subject to investment risk, including possible delays in repayment and loss of income or principal invested, or delays and restrictions in receiving redemption request proceeds. I /We acknowledge that AFM, its related entities, directors or officers do not guarantee the performance of the Fund or the repayment of capital from the Fund. I /We have read and understood the current PDS for the Fund that I /We are applying to invest in. I /We agree that the terms defined for the purpose of the PDS and the Fund forms have their defined meaning in this document.

I /We also authorise you to forward information regarding my investment to my representative/agent (as per Section 3E) and/or my financial adviser (as per Section 3F). I /We agree that AFM and /or its service providers may deliver and make reports, statements and other communications available in electronic form, such as e-mail or by posting on a web site instead of by physical delivery.

I /We authorise AFM to apply the TFN or ABN provided in this form and authorise it to be applied to all future applications and redemptions for units, including reinvestments, unless I /We otherwise advise.

I /We acknowledge that due to anti-money laundering requirements, AFM and its service providers may require proof of identity before the application can be processed and AFM and its service providers and each of their respective subsidiaries, affiliates, directors and other officers, shareholders, servants, employees, agents, permitted delegates and sub-delegates be held harmless and indemnified against any loss ensuing due to the failure to process this application, if such information required by the parties hereto has not been provided by me/us.

I /We acknowledge that the AFM and its service providers may disclose to each other, to any other service provider to the Fund or to any regulatory body in any applicable jurisdiction copies of the investor's Application Form and any information concerning the investor provided by the investor to AFM and/or its service providers and any such disclosure shall not be treated as a breach of any restriction upon the disclosure of information imposed on such person by law or otherwise.

I /We have read the information on privacy and personal information contained in the PDS and consent to my personal information being used and disclosed as set out in the PDS.

I /We agree that if I /We are executing this Application Form as a record holder in my/our capacity as agent, representative or nominee on behalf of one or more investors (the Underlying Investors), I /We further agree and confirm that the representations, warranties, and covenants made in this Application Form are made by me /us on behalf of myself/ourselves and the Underlying Investors. I /We have all requisite power and authority from the Underlying Investors to execute and perform the obligations under the Application Form and will provide Aurora and its service providers any information reasonably requested by either or both of them or required by any applicable law or regulations with respect to the Underlying Investors.

I/We hereby agree not to hold AFM or its employees liable for any inaccurate information on its website and agree to the terms and conditions as set out on the website. I/We have received this Application Form with the PDS and declare that all details are correct. I/We acknowledge that AFM is not responsible for the delays in receipt of monies caused by the postal service or my bank. I/We received and accepted this offer in Australia.

I/We acknowledge and agree that where AFM, in its sole discretion, determines that:

- I/We are ineligible to hold Units in the Fund or have provided misleading information in my/our Application Form; or
- I/We owe any amounts to AFM or any other person,

I/We appoint AFM as my/our agent to submit a withdrawal request on my/our behalf in respect of all or part of my/our Units.

Name Applicant

Signature of Applicant

Date _____

| | | | | | | | | | |
|--|--|---|--|--|---|---|---|--|--|
| | | / | | | / | 2 | 0 | | |
|--|--|---|--|--|---|---|---|--|--|

Capacity (please tick if applicable)

Director

Secretary

Executive Officer

Authorised Signatory

$$\boxed{} \boxed{} / \boxed{} \boxed{} / \mathbf{20} \boxed{} \boxed{}$$

☐ Director ☐ Secretary ☐ Executive Officer ☐ Authorised Signatory

SECTION 6 – IDENTIFICATION DOCUMENTS

If you are an **existing investor** with us, you are not required to provide us with the information below.

If you are a **new investor** with us, in accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) (the AML/CTF Act) we are required to collect additional information about you. We may also ask you to provide certified copies of certain identification documents along with the Application Form.

Under the AML/CTF Act, we are prohibited from processing your Application until we have received all of the information and supporting documentation requested in this form. In some instances we may contact you to request further information. It may also be necessary for us to collect information (including sensitive information) about you from third parties in order to meet our obligations under the AML/CTF Act.

Any original or certified documents submitted to us will not be returned.

Please complete the section relevant to you as indicated by the table below.

| Investor Type | Go to |
|--|--------------------|
| Individual/Joint/Sole Trader/ Individual Trustee | Section 6A |
| Company / Corporate Trustee | Section 6B |
| Trust / Superannuation Fund | Sections 6C |
| Partnership | Section 6D |
| Agent of Customers | Section 6E |

SECTION 6A: INDIVIDUAL/JOINT/SOLE TRADER/ INDIVIDUAL TRUSTEE

Please provide us with an original or certified copy of a document from Part I, or if you do not own a document from Part I, original or certified copies of documents from either Part II or III (for each party named).

Part I

| Tick | Provide ONE document from this section |
|--------------------------|--|
| <input type="checkbox"/> | Current Australian driver's licence containing your photograph and date of birth |
| <input type="checkbox"/> | Australian passport (a passport that has expired within the past 2 years is acceptable) |
| <input type="checkbox"/> | Foreign passport or similar travel document containing your photograph and signature |
| <input type="checkbox"/> | Current Card issued by an Australian State or Territory for the purpose of proving your age containing your photograph and date of birth |

Part II –only if you don't have a document from Part 1

| Tick | Provide ONE document from this section |
|--------------------------|--|
| <input type="checkbox"/> | Australian birth certificate |
| <input type="checkbox"/> | Australian citizen certificate |
| <input type="checkbox"/> | Pension or Health card issued by Centrelink |
| Tick | PLUS ONE document from this section |
| <input type="checkbox"/> | An original or certified copy of a notice, showing your name and residential address, issued by the Commonwealth or a State or Territory within the past 12 months that records the provision of financial benefits to you |

| | |
|--------------------------|---|
| <input type="checkbox"/> | An original or certified copy of a notice, showing your name and residential address, issued by the Australian Taxation Office within the past 12 months that records a debt payable by you. |
| <input type="checkbox"/> | An original or certified copy of a notice, showing your name and residential address, issued by a local government body or utilities provider (eg rates notice or electricity bill) within the past 3 months which records the provision of services to you |

Part III –only if you don't have a document from Part 1

| Tick | Provide BOTH documents from this section |
|--------------------------|--|
| <input type="checkbox"/> | Foreign driver's licence containing your photograph and date of birth |
| <input type="checkbox"/> | National ID card issued by a foreign government containing your photograph and signature |

SECTION 6B: COMPANY / CORPORATE TRUSTEE

Please provide us with documents required by **Section 6.A** (for all signatories) and an original or certified copy of a document from the following:

| Tick | Provide ONE document from this section |
|--------------------------|---|
| <input type="checkbox"/> | Certificate of registration or incorporation issued by ASIC. |
| <input type="checkbox"/> | Certificate of registration or incorporation issued by the relevant foreign registration body. |
| Tick | AND (if required) documents from this section |
| <input type="checkbox"/> | If a listed company: a search of the relevant financial market. |
| <input type="checkbox"/> | If a regulated company: a search of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator. |

SECTION 6C: TRUST / SUPER FUND

Registered management investment scheme/ Self-managed super fund/Regulated Trust/ Government Superannuation Fund

| Tick | Provide ONE document from this section |
|--------------------------|---|
| <input type="checkbox"/> | Screen print from the relevant regulator's website showing the full name of the Trust, and that the trust is a registered scheme, self managed super fund, regulated trust or government superannuation fund. |

Foreign Superannuation Fund/Other Trusts

| Tick | Provide ONE document from this section |
|--------------------------|---|
| <input type="checkbox"/> | An original or certified copy or certified extract of the Trust Deed |
| <input type="checkbox"/> | A notice issued to the Trust by the Australian Taxation Office within the past 12 months |
| <input type="checkbox"/> | Letter from a solicitor or qualified accountant verifying the name of the Trust |
| Tick | Provide BOTH documents from this section |
| <input type="checkbox"/> | Full name and residential/ registered office address of all Individual and Corporate Trustees. |
| <input type="checkbox"/> | The relevant documents set out in Section 6A or 6B for the Individual or Corporate Trustee who has completed Section 3A or 3B respectively. |

SECTION 6 – IDENTIFICATION DOCUMENTS (continued)

SECTION 6D: PARTNERSHIP

| Tick | Provide ONE document from this section |
|--------------------------|--|
| <input type="checkbox"/> | An original or certified copy or certified extract of the partnership agreement |
| <input type="checkbox"/> | A certified copy or certified extract of minutes of a partnership meeting |
| <input type="checkbox"/> | An original current membership certificate (or equivalent) of a professional association |
| <input type="checkbox"/> | Membership details independently sourced from the relevant professional association |
| <input type="checkbox"/> | A notice issued to the Partnership by the Australian Taxation Office within the past 12 months |
| <input type="checkbox"/> | An original or certified copy of a certificate of registration of business name issued by a government or government agency in Australia |
| Tick | AND documents from this section |
| <input type="checkbox"/> | The relevant documents set out in Section 6A for the Partner who has completed Section 3A. |
| Tick | AND (if regulated by a professional association) ONE document from this section |
| <input type="checkbox"/> | An original current membership certificate (or equivalent) of a professional association |
| <input type="checkbox"/> | Membership details independently sourced from the relevant professional association |

SECTION 6E: AGENT OF CUSTOMERS

Agent appointed by an individual or non-individual Investor
(Part I in Section 3E)

| Tick | Provide ONE document from this section |
|--------------------------|---|
| <input type="checkbox"/> | Evidence of the Agent's authority to act on behalf of the Investor (eg signed letter, power of attorney) |
| <input type="checkbox"/> | The relevant documents set out in Section 6A in respect of the individual Agent or the individual person that the non-individual Agent will be acting through |

Agent appointed by non-individual Investor (Part II in Section 3E)

| Tick | Provide ONE document from this section |
|--------------------------|---|
| <input type="checkbox"/> | The relevant documents set out in Section 6A in respect of the verifying officer |
| <input type="checkbox"/> | Written evidence of the Investor's authorisation of the verifying officer to act as a verifying officer |
| <input type="checkbox"/> | Document signed by the verifying officer containing the full name and signature of each Agent |

APPENDIX 1

Persons Authorised to Certify Identification Documents

- a **lawyer** – or person who is enrolled on the roll of Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described);
- a **police officer Justice of the Peace, Judge, or Magistrate** of a court in Australia (please include their registration number (or equivalent));
- an **accountant** – or member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership;
- a **post office worker** – being a permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public, OR agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- an Australian **consular officer** or an Australian **diplomatic officer**;
- a **chief executive officer of a Commonwealth court**;
- a **registrar or deputy registrar** of a court; or
- a **notary public** (for the purposes of the Statutory Declaration Regulations 1993).

How to certify your documents

A certified copy is a document that has been certified as a true copy of an original document.

To certify a document, take the original document and a photocopy to one of the people listed in the categories below and ask them to certify that the photocopy is a true and correct copy of the original document. That person will need to print their name, date and the capacity in which they are signing (eg postal agent, Justice of the Peace). Sample working is provided below:

I, [full name] of [full address], in the capacity of [category of persons as listed below], certify that this [name of document] is a true and accurate copy of the original [signature and date].

Please indicate who certified the identification documents.