

Australian Business Number | Tax File Number Declaration Form

Investor Details

APN Fund name	Investor number
<input type="text"/>	<input type="text"/>
Investor name Trust name Company registered name Partnership name	
<input type="text"/>	

Are you exempt from quoting your tax file number?

YES I receive Age, Service, Invalid or Veterans Pension

I receive Wife, Carer, Widow, Sole Parent or Special Benefit Pension

I am a Territory resident or non-resident of Australia

I am an entity not required to lodge a tax return

I am a child under 16 years and earn less than \$420 per year

NO

If you elect to provide your ABN/TFN, APN Funds Management (APN FM) is required by law to safeguard it and only use it for approved lawful purposes. I wish to provide my ABN/TFN and APN FM is required by law to safeguard it and only use it for approved lawful purposes.

Investor A | Individual | Individual Trustee | Joint Investor | Partner

Mr/Mrs/Miss/Ms/Other	Surname	First name	Second name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth	Australian Drivers Licence (for Anti Money Laundering 'AML' verification)
		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Residential address (PO Box address is not acceptable)		Suburb/City/Town	State
Line 1		<input type="text"/>	<input type="text"/>
<input type="text"/>		Postcode	<input type="text"/>
Line 2		Country of residence (only required if you are a foreign resident for tax purposes)	
<input type="text"/>		<input type="text"/>	
ABN or exemption code		TFN or exemption code	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Investor B | Joint Investor | Joint Trustee | Partner

Mr/Mrs/Miss/Ms/Other	Surname	First name	Second name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth	Australian Drivers Licence (for Anti Money Laundering 'AML' verification)
		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Residential address (PO Box address is not acceptable)		Suburb/City/Town	State
Line 1		<input type="text"/>	<input type="text"/>
<input type="text"/>		Postcode	<input type="text"/>
Line 2		Country of residence (only required if you are a foreign resident for tax purposes)	
<input type="text"/>		<input type="text"/>	
ABN or exemption code		TFN or exemption code	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

<p>Registered office address (PO Box address is not acceptable)</p> <p>Line 1 <input style="width: 100%; height: 20px;" type="text"/></p> <p>Line 2 <input style="width: 100%; height: 20px;" type="text"/></p> <p>Suburb/City/Town State Postcode <input style="width: 180px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> <input style="width: 80px; height: 20px;" type="text"/></p> <p>Country (if outside Australia) <input style="width: 180px; height: 20px;" type="text"/></p> <p>ABN or exemption code <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	<p>Principal place of business (if different from registered office address) (PO Box address is not acceptable)</p> <p>Line 1 <input style="width: 100%; height: 20px;" type="text"/></p> <p>Line 2 <input style="width: 100%; height: 20px;" type="text"/></p> <p>Suburb/City/Town State Postcode <input style="width: 180px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> <input style="width: 80px; height: 20px;" type="text"/></p> <p>Country (if outside Australia) <input style="width: 180px; height: 20px;" type="text"/></p> <p>TFN or exemption code <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>
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Declaration and Signature(s) | joint applicants must both sign

I/We declare that:

- All details provided by me/us in this Form are true and correct.
- If I/we have received the Form from the internet or other electronic means that I/we received it personally or a printout of it, accompanied by or attached to this Form.
- If this is a joint investment, each of us agrees, unless otherwise indicated on this Form, our investment is as joint tenants. Each of us is able to operate the account and bind the other(s) to any transaction including investments, switches or withdrawal by any available method.
- I will provide to APN Funds Management (APN FM) or its nominee any information that APN FM reasonably requires in order to enable APN FM to comply with all its obligations under the Anti-Money Laundering Counter-Terrorism Financing Act 2006 and its associated rules (in force from time to time).
- If investing as trustee on behalf of a superannuation fund or trust I/we am/are acting in accordance with my/our designated powers and authority under the trust deed. In the case of superannuation funds, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act.
- I/we acknowledge that APN FM and its related bodies corporate may disclose and use personal information as contemplated in the current PDS under the heading "Privacy".
- I/we acknowledge and agree that electronic instructions will be treated as contemplated in the current PDS under the heading "Electronic Instructions".
- If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney must be submitted with this application unless APN FM have already sighted it).
- SOLE SIGNATORIES signing on behalf of a company confirm that they are signing as either a director or sole director and sole secretary of the company by ticking the relevant box.

<p>Name of Investor A Trustee Company Director (please print)</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Signature of Investor A Trustee Company Director</p> <div style="border: 1px solid black; width: 100%; height: 30px; display: flex; align-items: center; justify-content: center;"> X </div> <p>Director Sole director Sole secretary Date</p> <p> <input type="checkbox"/> <input type="checkbox"/> <input style="width: 150px; height: 20px;" type="text"/> / / </p>	<p>Name of Investor B Trustee Company Director/Secretary (please print)</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Signature of Investor B Trustee Company Director/Secretary</p> <div style="border: 1px solid black; width: 100%; height: 30px; display: flex; align-items: center; justify-content: center;"> X </div> <p>Director Sole director Sole secretary Date</p> <p> <input type="checkbox"/> <input type="checkbox"/> <input style="width: 150px; height: 20px;" type="text"/> / / </p> <p>Company seal (if company or trust)</p> <div style="border: 1px solid black; width: 100%; height: 60px; margin-top: 5px;"></div>
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Please forward this completed Application Form to:

APN Property Group Limited
 PO Box 18011, Melbourne Collins Street East, Victoria 8003
Investor Services: 1800 996 456 **Adviser Services:** 1300 027 636
Email: apnpg@apngroup.com.au **Fax:** (03) 8656 1010
Website: apngroup.com.au