BANK CONFIRMATION - AUDIT REQUEST (GENERAL)

Instructions

Auditor

- (a) Complete all known details in the shaded areas of this form before forwarding to the bank, including all known account names and the corresponding BSB and account numbers.
- (b) If the space provided on the form is inadequate, attach a separate request giving full details of the information required.

Bank

- (a) Confirm that the details provided in the shaded areas are correct as at the confirmation date shown below, and highlight any variation/s. Also add any relevant information that may have been omitted by the customer/auditor.
- (b) Complete the unshaded areas in sections 1-10.
- (c) Sign the completed form and return the original direct to the auditor, and a duplicate to the customer, in the stamped addressed envelopes provided. A copy may be retained by the bank.

Bank (Name & Address)

Bendigo and Adelaide Bank Limited GPO Box 1048 ADELAIDE SA 5001 Customer/Entity (Name & Address)

SEWELL NOMINEES WA PTY LTD ATF THE SEWELL SUPERANNUATION FUND PO BOX 115

GOOMALLING WA 6460

Auditor

CARTERWOODGATE

DARRYL CARTER

P O BOX 1156

MIDLAND DC, WA 6936

Telephone Number: 08 9250 2150

Email Address: admin@Carterwoodgate.com.au

Confirmation Date

30 June 2022

1. CREDIT ACCOUNT BALANCES

Provide details of all account balances in favour of the bank customer as at the confirmation date, in respect of current accounts, interest bearing deposits, foreign currency accounts, convertible certificates of deposit, money market deposits, cash management trusts and any other credit balances. Provide details for the accounts listed below and for any other accounts not listed.

Provide details of any account or balance that is subject to any restriction(s) whatsoever and indicate the nature and extent of the restriction, e.g. garnishee order.

Account Name	BSB Number	Account Number	Currency	Balance	
SEWELL NOMINEES WA PTY LTD ATF THE SEWELL SUPERANNUATION FUND	633-000	154013759	AUD	\$	98,624.82

2. DEBIT ACCOUNT BALANCES

Provide details of all account balances owed to the bank customer as at the confirmation date, in respect of overdraft accounts, bank loans, term loans, credit cards and any other debit balances.

Provide details of any account or balance that is subject to any restriction(s) whatsoever and indicate the nature and extent of the restriction, e.g. garnishee order.

Ac	count Name		BSB Number	Account Number	Currency	Balance
3. PR	OMISSORY NOTES/E	SILLS OF EXCHANGE	HELD FOR COLLEC	TION ON BEHALF OF THE	CUSTOMER	
M	aker/Acceptor			Due Date	Balance	
4. CU	STOMER'S OTHER L	IABILITIES TO THE B	ANK			
Prov	ide details of the foll	owing as at the conf	rmation date:			
(a)	•	ard exchange contra		ner or any subsidiary or re t, liability in respect of shi		
(b)	(including separate	ely any such items in whom guarantees o	favour of any subsi	en to the bank by the cus diary or related party of t re been given, whether so	he customer).	Give details of the
(c)	•	indemnities or other istomer and/or any o		n by you, on your custon	ner's behalf, sta	ating whether there is
(d)	Other liabilities—g	ive details.				
Nā	ature of Liability	Terms of Liability	Currency	Name of Beneficiary	Bala	ance
5. ITE	EMS HELD AS SECUR	ITY FOR CUSTOMER	'S LIABILITIES TO T	HE BANK	J	
				the bank indicate wheth		

With respect to items held as security for customer's liabilities to the bank indicate whether the security:

- (a) relates to particular borrowings or liabilities to the bank and whether it is lodged in the customer's name or by a third party. (If lodged by a third party, that party's authority to disclose details must be attached).
- (b) is formally charged (provide details of date, ownership and type of charge);
- (c) supports facilities granted by the bank to the customer or to another party
- (d) is limited in amount or to a specific borrowing or, if to your knowledge, there is a prior, equal or subordinate charge; Provide details of any arrangements for set-off of balances or compensating balances e.g., back to back loans. Include details of date, type of document and account covered, any acknowledgement of set-off, whether given by specific letter of set-off or incorporated in some other document;

Provide details of any negative pledge arrangements that exist.

•			
Provide details here			

Provide details of a	all known finai	nce leasing	commitments					
Leased Item	Restriction Special Arrangeme		Lease Term	Currency	Implicit Interest Rate	Repayment	Terms	Balance
7. ACCOUNTS OPE	NED/CLOSED							
List details of any a	accounts open	ned or close	d during the twelve r	months prior	o confirmati	on date.		
Account Name			BSB Number	Account	Number	Open or Closed	Dat	e opened/closed
8. UNUSED LIMITS	/FACILITIES							
Please confirm det	ails of all avail	able unused	d limits/facilities at co	onfirmation da	ate.			
Types of Facility		Facility L	imit	Unused Li	mit	Ter	ms of I	acility Use
9. DEFAULTS AND	BREACHES							
			with the bank, provices. Include details, fo			r breaches du	ıring th	ne period
(a) loans payab	le in default at	t the confirr	mation date and whe	ther they hav	e since been	_		
(b) bank covena	ints breached	during the	twelve months up to	the confirma	tion date and	d whether the	e bread	h was remedied.
Provide details her	e							 1
10. OTHER INFORM	ATION							
			d/or provide any othe	er details (uns	haded area b	elow) relatin	g to an	y financial
relationships not d	ealt with unde	er sections 1	-9 above.					
Auditor/customer	to complete k	nown detai	s in shaded area					
Bank to provide ot	her information	on not ident	ified by customer					
Please note the bar	ık is unable to	provide det	ails of interest accrue	d and/or direc	t debits.			

6. LEASES

11. BANK AUTHORISATION

This certificate has been completed from our records at our Head Office.

The Bank and its staff are unable to warrant the correctness of that information and accordingly hereby disclaim all liability in respect of the same. The information contained herein is confidential and provided for private use in confirmation of our customer accounts for audit purposes only. It may not be used for any other purpose or by any other persons. In particular this is not a credit reference.

AUTHORISED BY		
Signature		
Name (print name)	Julia Elliott	_
Title	Servicing Officer	
Telephone Number	08 8300 6052	
Email Address	servicing.mailbox@bendigoadelaide.com.au	
Date Complete	1/03/2023	



01 Mar 2023

SEWELL NOMINEES WA PTY LTD ATF THE SEWELL SUPERANNUATION FUND C/O CARTERWOODGATE DARRYL CARTER P O BOX 1156 MIDLAND DC, WA 6936 The Bendigo Centre
PO Box 480
Bendigo Victoria 3552
Telephone 1300 361 911
Facsimile +61 3 5485 7000
www.bendigoadelaide.com.au

Bendigo and Adelaide Bank Limited ABN 11 068 049 178 AFSL 237879

Dear Sir/Madam

Bank Confirmation - Audit Request (General)

Bendigo and Adelaide Bank Limited has received a Bank Confirmation – Audit Request (General) from CARTERWOODGATE to be completed on your account(s). This Bank Confirmation has been completed; a copy is attached for your records.

The completion of this confirmation carries a service fee of \$30*. This has been deducted from your account number 154013759.

Should you have any queries or concerns regarding the attached Bank Confirmation please raise them with your auditor, who will seek clarification with the Bank if required.

Yours sincerely,

Julia Elliott | Servicing Officer

Bendigo and Adelaide Bank | 80 Grenfell Street | GPO Box 1048 | Adelaide SA 5001 P: 08 8300 6052 | F: 08 8300 6898 | E: servicing.mailbox@bendigoadelaide.com.au

^{*} As per our Schedule of Fees, Charges and Transaction Account Rebates