

APPLICATION FOR MEMBERSHIP

To: The Trustee, THE CLONLAREN SUPERANNUATION FUND

I hereby apply for admission to membership of the Fund.

I agree and undertake as follows:

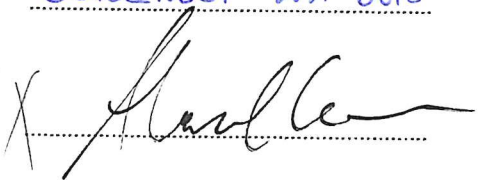
- (a) I understand the terms and conditions of the Trust Deed and I acknowledge I have been informed of my rights and the rights of my Dependents pursuant to the Deed.
- (b) I will be bound by the provisions of the Deed governing the Fund.
- (c) I am not nor have been a member of any superannuation fund nor have an interest in any Approved Deposit Fund or Rollover Annuity other than as disclosed on the reverse of this Application.
- (d) I will make a full disclosure in writing of any benefits I have received, may receive or may be entitled to receive from any other superannuation fund, Approved Deposit Fund or Roll Over Annuity.
- (e) I will notify the Trustee if at any time I cease to be Gainfully Employed as defined in the Deed.
- (f) I consent to the Trustee acting as Trustee of the Fund.
- (g) In the event of my death, I nominate the following persons as my Nominated Dependents:-
(Note - a nomination is not necessary and if made must be reviewed from time to time.)

NAME	ADDRESS	RELATIONSHIP	PERCENTAGE OF TOTAL BENEFIT OR FIXED AMOUNT
MELISSA LOUISE COOKE	18 MARY STREET CLAREMONT WA 6010	WIFE	100

Dated the 11TH day of OCTOBER 2000

Name: ALASDAIR CAMPBELL COOKE

Address: 18 MARY STREET
CLAREMONT WA 6010

Signature: AC 

APPLICATION FOR MEMBERSHIP

To: The Trustee, THE OLIVERSEN SUPERANNUATION FUND.

I hereby apply for admission to membership of the Fund.

I agree and undertake as follows:

- (a) I understand the terms and conditions of the Trust Deed and I acknowledge I have been informed of my rights and the rights of my Dependants pursuant to the Deed.
- (b) I will be bound by the provisions of the Deed governing the Fund.
- (c) I am not nor have been a member of any superannuation fund nor have an interest in any Approved Deposit Fund or Rollover Annuity other than as disclosed on the reverse of this Application.
- (d) I will make a full disclosure in writing of any benefits I have received, may receive or may be entitled to receive from any other superannuation fund, Approved Deposit Fund or Roll Over Annuity.
- (e) I will notify the Trustee if at any time I cease to be Gainfully Employed as defined in the Deed.
- (f) I consent to the Trustee acting as Trustee of the Fund.
- (g) In the event of my death, I nominate the following persons as my Nominated Dependants:-
(Note - a nomination is not necessary and if made must be reviewed from time to time.)

NAME	ADDRESS	RELATIONSHIP	PERCENTAGE OF TOTAL BENEFIT OR FIXED AMOUNT
<u>ALASSAIR CAMPBELL COOKE</u>	<u>18 MARY STREET</u>	<u>HUSBAND</u>	<u>100</u>
	<u>CLAREMONT WA 6010</u>		

Dated the 11th day of OCTOBER 2000

Name: MELISSA LOUISE COOKE

Address: 18 MARY STREET
CLAREMONT WA 6010

Signature: ML Melissa Louise Cooke