

WEST KONSKIE PTY LTD

ACN 633 444 443

SHARE CERTIFICATE

This is to certify that

GLENN WILLIAM BOYES

of

4 Tamar Close, Wilson, Western Australia 6107

is the registered holder of

One (1)

\$1.00 SMSF Share

Certificate Number: 3

Distinctive Share Numbers: 3 to 3 (inclusive)



Signature of Director/Secretary

Glenn Boyes

Print name

Signature of Director

Print name

15th August 2020

Insert date

CONSENT TO ACT AS A DIRECTOR AND SECRETARY

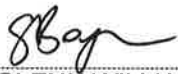
From: GLENN WILLIAM BOYES

To: WEST KONSKIE PTY LTD ACN 633 444 443 ('Company')

I have consented to be a director and secretary of the Company. My details are as follows:

Full name: GLENN WILLIAM BOYES

Address: 4 Tamar Close, Wilson, Western Australia 6107



.....
Signature of GLENN WILLIAM BOYES



.....
Insert date

CONSENT TO BECOME A MEMBER

From: GLENN WILLIAM BOYES ('Member')

To: WEST KONSKIE PTY LTD ACN 633 444 443 ('Company')

The Member has consented to be a member (shareholder) of the Company in respect of:

Share class	Total no. held	Amount per share	Total sum	Fully paid	Beneficially held
SMSF	1	\$1.00	\$1.00	Yes	Yes


Signature of GLENN WILLIAM BOYES

15th August 2020
Insert date

The Konskie Super Fund ('Fund')

Application for Membership

To the Trustee of the Fund ('Trustee').

FULL NAME	GLENN WILLIAM BOYES	TAX FILE No.	390 332 176
ADDRESS	4 Tamar Close, Wilson, Western Australia 6107		

I apply for admission as a Member of the Fund and, in consideration of my admission as a Member:

1. I confirm that I am a director of the corporate trustee unless I am specifically excepted from this requirement under the law (eg, due to a legal disability such as being under 18 years or being of unsound mind). I accept the responsibilities and liabilities of being a director of the corporate trustee to a superannuation fund.
2. I agree to be bound by the provisions of the trust deed governing the Fund. I acknowledge that the expressions and meanings in this Application are identical to those used in the trust deed.
3. I agree that, unless I provide notice to the Trustee in writing, I do not require any insurance to be held within the Fund in respect of me.
4. I undertake to provide any relevant information or documentary evidence and agree to submit to health and medical tests as requested from time to time by the Trustee related to my membership of the Fund.
5. I nominate the following, each being my LPR and/or a dependant (eg, spouse, children and/or a person who is financially dependent on me or in an interdependency relationship with me), to be paid all interests that I have in the Fund on my death in the designated proportions. I understand that this non-binding nomination does not bind the Trustee and is overridden by any binding death benefit nomination on my death:

NAME	RELATIONSHIP	% OF BENEFIT

6. I acknowledge that the Trustee may collect my tax file number ('TFN') under the law.
7. I understand that the Trustee will only use the TFN for legal purposes. This includes finding or identifying my superannuation interests if other information is insufficient, and calculating tax on any eligible termination payment I may be entitled to.
8. I understand that it is not an offence to omit my TFN from this application. But if I do omit to provide it now or later, contributions may not be able to be made by me or on my behalf to the Fund. I may also pay more tax on my interests (ie, my entitlement in the Fund) than I would otherwise have to pay (but which may be later credited to a later assessment of tax) and I may lose interests which are more difficult to find or to amalgamate with other interests I am entitled to.
9. I acknowledge that the Trustee may provide any TFN disclosed to the Trustee to the trustee of any other superannuation fund to which my interests are transferred in the future or to the Australian Taxation Office. However, I understand that my TFN will not be passed on in the event I direct the Trustee in writing not to disclose my TFN and, in any event, my TFN will be treated as confidential in accordance with the *Privacy Act 1988* (Cth).
10. I authorise the Trustee to retain and store information on my behalf despite any contrary provision in any privacy legislation.
11. I declare that the information I provide to the Trustee will be true and correct. I acknowledge that it is my responsibility to inform the trustee of any error or changes regarding these matters.

SIGNATURE	DATE
	15 th Aug 20