

APPLICATION FOR MEMBERSHIP

TO: The Trustee
Chesmond Superannuation Fund

I, the undersigned person, being eligible, hereby apply for admission to membership of the Fund. I agree and undertake as follows:

1. I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time.
2. I will upon request make full disclosure in writing of any information required by the Trustee in respect of my membership of the Fund including my medical condition.
3. I understand the terms and conditions of the Trust Deed and more particularly the terms and conditions of Divisions B and C of the Deed concerning Benefits payable.
4. I agree to the Trustee acting as Trustee of the Fund.
5. I will forward a completed ATO Individual Tax File Number Notification Form as soon as possible.

DATED the 22nd day of July, 2002.

Name: Colin John Chesmond Date of Birth _____
Address: 3 Canaipa Court, Victoria Point, Membership Class A
Queensland 4165
Occupation: Consultant
Signature: Colin J. Chesmond

NOMINATED DEPENDANT(S)

I nominate the undermentioned persons as my Nominated Dependants:

FULL NAME	RELATIONSHIP	% OF TOTAL BENEFIT
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