

PART B (Forms)

FORM 1

Application for Membership

To the Trustee of the Fund.


FULL NAME	HAROULA DE SENSI	TAX FILE No	185 508 560
ADDRESS	47 DREDGE ST RESERVOIR 3073		
OCCUPATION		DATE OF BIRTH	30.09.1971

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

1. I consent to being a trustee or director of a corporate trustee unless I am specifically excepted from this requirement under the Standards (eg, due to a legal disability such as under 18 years or being of unsound mind). I accept the responsibilities and liabilities of being a trustee or a director of a corporate trustee to a superannuation fund.
2. I agree to abide by and 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 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.
4. I nominate the following Dependants (ie, spouse, children and/or a person who is financially dependent on the deceased) should be considered by the Trustee's when deciding who to pay any benefit that I may have in the Fund upon my death:

Name	Relationship	% of benefit
GIUSEPPE DE SENSI	SPOUSE	100

5. I will notify the Trustee as soon as I cease to be Gainfully Employed or reach the age of 65 years.
6. I acknowledge that the Trustee can collect my tax file number ("TFN") under the Standards.
7. I understand that the Trustee will only use the TFN for legal purposes. This includes finding or identifying my superannuation benefits where 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, I may pay more tax on my benefits than I would otherwise have to pay (but which may be later credited to a later assessment of tax) and I may lose benefits which are more difficult to find or to amalgamate with other benefits 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 benefits 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
	26.07.2004.

FORM 1**Application for Membership**

To the Trustee of the Fund.

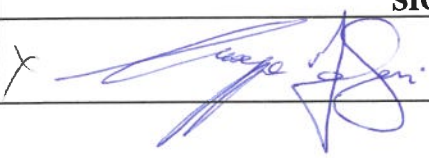
FULL NAME	GIUSEPPE DE SENSI	TAX FILE No.	X 186 446 004
ADDRESS	47 Dredge Street, Reservoir, Victoria 3073		
OCCUPATION	Accountant	DATE OF BIRTH	13/01/1972

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

- I consent to being a trustee or director of a corporate trustee unless I am specifically excepted from this requirement under the Standards (e.g., due to a legal disability such as under 18 years or being of unsound mind). I accept the responsibilities and liabilities of being a trustee or a director of a corporate trustee to a superannuation fund.
- I agree to abide by and 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.
- 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.
- I nominate the following Dependents (eg, spouse, children or a person who is financially dependent on the deceased) to be entitled to any benefit that I may have in the Fund upon my death:

NAME	RELATIONSHIP	% OF BENEFIT
HAROULA DE SENSI	spouse	100%

- I will notify the Trustee as soon as I cease to be Gainfully Employed or reach the age of 65 years.
- I acknowledge that the Trustee can collect my tax file number ("TFN") under the Standards.
- I understand that the Trustee will only use the TFN for legal purposes. This includes finding or identifying my superannuation benefits where other information is insufficient, and calculating tax on any eligible termination payment I may be entitled to.
- 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, I may pay more tax on my benefits than I would otherwise have to pay (but which may be later credited to a later assessment of tax) and I may lose benefits which are more difficult to find or to amalgamate with other benefits I am entitled to.
- I acknowledge that the Trustee may provide any TFN disclosed to the Trustee to the trustee of any other superannuation fund to which my benefits 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).
- I authorise the Trustee to retain and store information on my behalf despite any contrary provision in any privacy legislation.
- 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
X 	X 3/6/04

CONSENT TO ACT AS TRUSTEE

Name of Fund: DE SENSI SUPERANNUATION FUND

The person or company named in the Particulars specified below ("Trustee") consents to act as a Trustee of the Fund from the date specified in those Particulars.

The Trustee accepts the appointment as Trustee of the Fund and agrees to hold the property of the Fund upon the trusts, powers, discretions and obligations contained and conferred under the Trust Deed.

The Trustee confirms and acknowledges that the Trustee has read the terms and conditions in the Trust Deed and fully understands the duties and obligations of a Trustee under the Trust Deed and the Relevant Law.

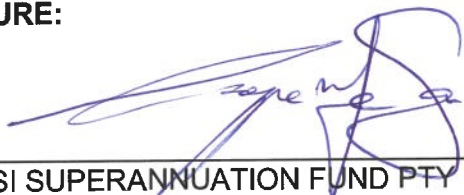
The Trustee confirms that it is not disqualified under any provision in the Trust Deed or otherwise from being or becoming a Trustee of the Trust.

Particulars:

FULL NAME OF TRUSTEE: DE SENSI SUPERANNUATION FUND PTY LTD
ACN 148 900 038

ADDRESS OF TRUSTEE; 124 LEAMINGTON STREET
RESERVOIR VIC 3073

SIGNATURE:



Dated 31/1/2011

DE SENSI SUPERANNUATION FUND PTY LTD ACN 148 900 038
Per Director