

**THE METCALF SUPERANNUATION FUND**

**APPLICATION FOR MEMBERSHIP**

MADE BY: NAME CLIVE THOMAS METCALF

ADDRESS KOOMBERKINE ROAD, DOWERIN, 6461

DATE OF BIRTH 11/3/51

A I hereby apply for admission as a Member of the Fund and, if admitted as a Member, agree to be bound by the provisions of the Deed establishing the Fund that may be in force from time to time.

B. I understand that a copy of the Deed will be made available to me and such other information as provided by The Superannuation Industry (Supervision) Act 1993 for perusal on demand at a reasonable time.

C. I hereby acknowledge receipt of written notice of existence of the rights which I will have to received benefits under the Fund if admitted as a member.

D. I hereby agree to accept the current trustees of the above mentioned Fund.

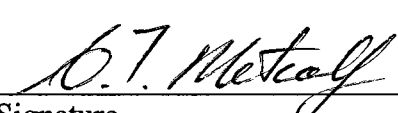
**NOMINATION OF BENEFICIARIES**

(Not obligatory to complete)

NAME OF BENEFICIARY	ADDRESS	PERCENTAGE OF BENEFIT
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NOTE: TRUSTEES DISCRETION APPLIES AS GOVERNED BY THE TRUST DEED

  
Witness

  
Signature

Date: 4/3/97

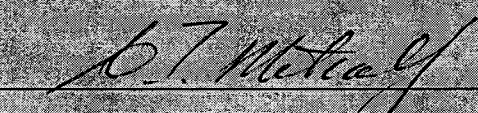
**THIS PART TO BE COMPLETED BY THE TRUSTEE**

Application Approved: 5/3/97

I certify that the above is a true and correct Photostat copy of the original document.

  
RICHARD MATTHA ASQUITH-CHARLTON

145 Fitzgerald St Northam  
Certified Practising Accountant

  
Signed for and on Behalf of the Trustees