

13. Application Form

Correda Early Learning Property Fund

Once this application is completed, please return it to Correda at your earliest convenience.

If you would like assistance completing this form, please contact: +61 8 9388 8812.

YOUR CHECKLIST (COMPLETE AND TICK EACH OF THE BELOW AS PART OF YOUR APPLICATION)

<input type="checkbox"/>	Application Form has been completed
<input type="checkbox"/>	Application payment has been transferred to the bank details provided at the end of this section 13.
<input type="checkbox"/>	Accountant's Certificate has been completed or an investment of \$500,000 is being made (see section 14)
<input type="checkbox"/>	Certified photo identification is provided for each individual applicant, director, beneficial owner and/or trustee (see section 15)
<input type="checkbox"/>	If applicable, a certified extract of the trust deed of your superannuation fund or family trust (see section 15)

INVESTING ENTITY DETAILS (COMPLETE ONLY ONE SECTION)

Individual(s)

Title Mr/Mrs/Ms/Miss:		Given names:	
Surname:			
Tax File Number		ABN (if relevant)	
Title Mr/Mrs/Ms/Miss:		Given names:	
Surname:			
Tax File Number		ABN (if relevant)	

Trust or super fund

Trustee(s) or trustee company name	HILLMAN INVESTMENTS (WA) PTY LTD																				
Trust or super fund name	THE TRUSTEE FOR THE HILLMAN SUPERANNUATION FUND																				
Tax File Number (of trust/super fund)	9	2	1	5	8	3	8	4	5	ABN (of trust/super fund)	2	9	9	5	9	9	1	8	5	8	9

Company

Company name																				
Tax File Number		ABN (of company)																		

YOUR CONTACT DETAILS

Registered Address (residential address for individuals or registered office of trustee or company)

Street Number	2738	Street name	SOUTH WESTERN HWY																		
Suburb	SERPENTINE	State	W	A	Postcode	6	1	2	5	Country	AUSTRALIA										

For correspondence (mailing address)

First name	GEOFF				Surname	HILLMAN															
Primary email	cloverbrook546@bigpond.com				Secondary email (optional)																
Street Number or PO Box	PO BOX 111				Street name (unless PO Box)																
Suburb	SERPENTINE				State	W	A	Postcode	6	1	2	5	Country	AUSTRALIA							
Mobile phone	0488 737 100				Home or office phone (optional)																

INVESTING ENTITY BANKING DETAILS (FOR DISTRIBUTIONS)

Distribution bank account details:

Name of Account	THE HILLMAN SUPERANNUATION FUND							Name of Bank	NATIONAL AUSTRALIA BANK												
BSB number	0	8	6	5	3	5	Account number	1	8	5	5	0	2	5	7	5					

YOUR TAXATION INFORMATION

Are you a resident of any country outside Australia? (Yes or No) **N** **O**

If the answer to the above is 'Yes', we will contact you to obtain further tax residency details from you and any other information or documents required to ensure compliance with FATCA and the Anti-Money Laundering and Counter-Terrorism Finance laws.

APPLICATION AMOUNT (PLEASE NOTE ONLY \$0.625 PER UNIT IS PAYABLE ON APPLICATION)

I/we apply for \$1.00 Units in the Fund to the value of: \$ **3** **0** **0** , **0** **0** **0** . **0** **0**

Each Unit will be issued at a price of \$1.00, however **only \$0.625 per Unit is payable on application.**
The balance is payable on 1 December 2021, unless otherwise notified by the Trustee.

I/we have transferred by ETF \$0.625 per unit of the above application amount to:

Account Name: CPG Childcare Pty Ltd ATF Correda Early Learning Property Fund
Bank Name: Commonwealth Bank of Australia
BSB Number: 066-000
Account Number: 132-045-89
Reference: [INVESTING ENTITY OR INITIALS AND SURNAME]

Application and Instalment Examples:

Application	\$0.625/Unit Instalment
\$50,000	\$31,250
\$100,000	\$62,500
\$200,000	\$125,000
\$250,000	\$156,250
\$500,000	\$312,500

SIGNATURES

By signing this application form, I/we acknowledge that we have read and understood this IM and accept that there are risks associated with this investment. I/we agree to be bound by the Constitution of the Fund as amended from time to time and by all matters set out in this IM.

I/we also declare that the details inserted in this application form are complete and accurate. If a sole signatory signing on behalf of a company, I confirm that I am signing as Sole Director and Sole Secretary of the company or as duly authorised representative or agent of the company. If investing as trustee, on behalf of a superannuation fund or trust, I/we confirm that I am/we are acting in accordance with my/our designated powers and authority under the relevant trust deed. In the case of a superannuation fund, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993 and that the investment is within the investment policy of the Fund. If the application is signed under Power of Attorney, I/ we submit a certified copy of the Power of Attorney with this application.

I/we will provide the Trustee or its agents with any information or documentation required by it to comply with any obligations it may have in connection with FATCA and the Anti-Money Laundering and Counter-Terrorism Finance laws.

I/we agree to the collection, use and disclosure of my/our personal information as set out in section 11 of this IM when I/we make an investment in the Fund.

I/we acknowledge that all information relating to this application or any subsequent information I/we give you relating to my/our investment may be disclosed to any services provider to the Fund and to my/our adviser.

Individual(s) (Including individual trustees)

Signature of Individual		Date			/			/	2	1
Signature of Individual		Date			/			/	2	1

Companies (Including corporate trustees of trusts and super funds)

Name of Director	GEOFFREY HILLMAN	Date	3	0	/	0	9	/	2	1
Signature										
Name of Director	JANE HILLMAN	Date	3	0	/	0	9	/	2	1
Signature										

RETURN OF APPLICATION FORM

To submit this application, please

- scan and email it to admin@correda.com.au; or,
- mail it to Correda Property Group, PO Box 1311, Subiaco WA 6904; or,
- deliver it to Correda Property Group, Suite 23, 513 Hay Street, Subiaco WA 6008.

14. Accountant's Certificate

To be completed by a qualified accountant*.

Applicants must also complete and sign the Application Form.

I certify that:	THE HULLMAN SUPERANNUATION FUND.
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(as listed on the Application Form) has/have:

Aggregate net assets of over \$2.5 million

OR

Aggregate gross income for each of the last two financial years of at least \$250,000 a year

Name of Qualified Accountant:	LINDSAY RAYMOND CARTER.
Accounting Firm:	CARTER WOODGATE
Professional Body:	CPA AUSTRALIA.
Membership Designation:	CPA.
Postal Address:	P.O. Box 1156 MIDLAND WA 6936.
Telephone Number:	(08) 9250 2100.
Email Address:	lindsay@CarterWoodgate.com.au
Signature:	<i>Lindsay Carter</i> Date: 30-9-2021.

(Please note, this Certificate is required to be renewed every two years for the applicant to remain on the wholesale client register).

* This information may be provided in a form different to the above if it is more appropriate. Only a 'qualified accountant' may provide a certificate under Section 761G(7)(c) of the Corporations Act 2001(Cth). Under Section 38B of the Corporations Act 2001(Cth), ASIC has approved members of the following professional bodies, with entitlement to use the following post nominals, as qualified accountants:

- Australian Society of Certified Practising Accountants (ASCPA), post nominals "CPSA" or "FCPA"
- Institute of Chartered Accountants in Australia (ICAA), post nominals "CA", "ACA" or "FCA"
- National Institute of Accountants (NIA), post nominals "MNIA" or "FNIA"
 - Eligible foreign accountants*** (which include any of the following):
 - The American Institute of Certified Public Accountants;
 - Association of Certified Chartered Accountants (United Kingdom);
 - Canadian Institute of Chartered Accountants;
 - Institute of Chartered Accountants of New Zealand;
 - The Institute of Chartered Accountants in England and Wales;
 - The Institute of Chartered Accountants in Ireland; and
 - The Institute of Chartered Accountants of Scotland.

Eligible foreign accountants must provide a certificate for the purposes of paragraphs 761G(7)(c) of the Act to a person who is resident in the same country (other than Australia) as that member.



DRIVER'S LICENCE WESTERN AUSTRALIA

Department of
Transport

LICENCE NUMBER
4471120

HILLMAN,
JANE ELIZABETH
546 DWARDA EAST RD
DWARDA WA 6308

EXPIRY DATE
10 Jun 2022

DATE OF BIRTH
20 May 1971

CLASS
C



Jane Hill

Certified as a true and accurate copy

Lindsay Raymond Carter
Certified Practising Accountant
Unit 4, 4 - 10 Farrall Rd
MIDVALE WA 6056

Lindsay Carter. 30-9-2021.

ISSUED IN WESTERN AUSTRALIA 19 Jan 2001

C Motor vehicle =< 4.5T gvm, equipped for =< 12 persons

WEAR SUITABLE VISUAL AIDS WHEN DRIVING

EXPIRY DATE
10 Jun 2022

DATE OF BIRTH
20 May 1971

D4463112

AFFIX OFFICIAL CHANGE OF ADDRESS LABEL HERE

2738 SOUTH WESTERN HWY
SERPENTINE WA 6125

Issued by the Department of Transport.



Certified as a true and accurate copy

Lindsay Raymond Carter
Certified Practising Accountant
Unit 4, 4 - 10 Farrall Rd
MIDVALE WA 6056

Lindsay Carter

3-9-2021



**HEAVY VEHICLE DRIVER'S LICENCE
WESTERN AUSTRALIA**

Department of
Transport

LICENCE NUMBER
3755361

HILLMAN,
GEOFFREY KENT
546 DWARDA EAST RD
DWARDA WA 6308

EXPIRY DATE
11 Oct 2020

DATE OF BIRTH
30 Sep 1973

CLASS
HR



Certified as a true and accurate copy

Lindsay Raymond Carter
Certified Practising Accountant
Unit 4, 4 - 10 Farrall Rd
MIDVALE WA 6056

Lindsay Carter

30-9-20

ISSUED IN WESTERN AUSTRALIA 12 Oct 1990

HR Motor vehicle with no trailer over 9t gvm

0945

EXPIRY DATE

11 Oct 2020

DATE OF BIRTH

30 Sep 1973

D3081436

AFFIX OFFICIAL CHANGE OF ADDRESS LABEL HERE

2738 SOUTH WESTERN HWY
SERPENTINE WA 6125

Issued by the Department of Transport.



Certified as a true and accurate copy

Lindsay Raymond Carter
Certified Practising Accountant
Unit 4, 4 - 10 Farrall Rd
MIDVALE WA 6056

*Lindsay Carter.
3-9-2011.*