

Audit Support Processing Services Enterprise Services PO Box 327, Silverwater NSW 2128 Phone 1800 019 910 Facsimile 1300 551 285

Reference: 457636538

Carter Woodgate PO Box 1156 Midland DC WA 6936

Attn: Brad Woodgate

23 November 2021

Dear Brad,

Reference: Bank Audit Certificate

Enclosed is the completed audit certificate as at the **30/06/2021** for the following client:

S & S SMITH SUPER FUND

A copy has also been forwarded to our client.

Yours sincerely,

Commonwealth Bank Processing Services

BANK CONFIRMATION - AUDIT REQUEST (GENERAL)

Instructions

Auditor

- (a) Complete all known details in the shaded areas of this form before forwarding to the bank, including all known account names and the corresponding BSB and account numbers
- (b) If the space provided on the form is inadequate, attach a separate request giving full details of the information required.

Bank

- (a) Confirm that the details provided in the shaded areas are correct as at the confirmation date shown below, and highlight any variation/s. Also add any relevant information that may have been omitted by the customer/auditor.
- (b) Complete the unshaded areas in sections 1-10.
- (c) Sign the completed form and return the original direct to the auditor, and a duplicate to the customer, in the stamped addressed envelopes provided. A copy may be retained by the bank.

Bank (Name & Address) Commonwealth Bank of Australia Processing Services PO Box 327 Silverwater NSW 2128	5	Customer/Entity (Name & Address) S & S SMITH SUPER FUND 163 HARDWICK RD MILLENDON WA 6056					
Auditor (Name & Address) Carter Woodgate	(Confirm	nation Date 30/06/2021				
PO Box 1156 Midland DC WA 6936	1	Author	ty to Disclose Information at	tached		No	
	7	Γhird F	arty Authority attached	Yes			
Contact Name: Brad Woodgate Telephone Number:				No		X	
Fax Number: Email Address: brad@carterwoodgate.com.au				Not appli	icable		
Date of Audit Request (DD/MM/YYYY) 23/11/2021	1	Reques	t for Acknowledgement attac	hed		No	
1. CREDIT ACCOUNT BALANCES Provide details of all account balances in favour of the bank customer as at the confirmation date, in respect of current accounts, interest bearing deposits, foreign currency accounts, convertible certificates of deposit, money market deposits, cash management trusts and any other credit balances. Provide details for the accounts listed below and for any other accounts not listed. Provide details of any account or balance that is subject to any restriction(s) whatsoever and indicate the nature and extent of the restriction, e.g. garnishee order.							
Account Name	BSB Nur	nber	Account Number	Currency	Balance		
Mrs Suzanne Smith + Mr Stephen Smith I Tf S & S Smith Super Fund	06 7167		1247 4072	AUD	346,759.45		
2. DEBIT ACCOUNT BALANCES Provide details of all account balances owed to the bank by the bank customer as at the confirmation date, in respect of overdraft accounts, bank loans, term loans, credit cards and any other debit balances. Provide details of any account or balance that is subject to any restriction(s) whatsoever and indicate the nature and extent of the restriction, e.g. garnishee order. Account Name BSB Number Account Number Currency Balance							
N/A							
3. PROMISSORY NOTES/BILLS OF EXCHANGE HELD FOR Co	OLLECTI	ION O	N BEHALF OF THE CUS	TOMER (Bank to	o complete)		

4. CUSTOMER'S OTHER LIABILITIES TO THE BANK (Bank to complete)

Provide details of the following as at the confirmation date:

- (a) Acceptances, bills discounted with recourse to the customer or any subsidiary or related party of the customer, endorsed drafts/notes, forward exchange contracts, letters of credit, liability in respect of shipping documents where customer's account not yet debited.
- (b) Bonds, guarantees, indemnities or other undertakings given to the bank by the customer in favour of third parties (including separately any such items in favour of any subsidiary or related party of the customer). Give details of the parties in favour of whom guarantees or undertakings have been given, whether such guarantees or undertakings are written or oral and their nature.
- (c) Bonds guarantees, indemnities or other undertakings given by you, on your customer's behalf, stating whether there is recourse to your customer and/or any other related entity.
- (d) Other liabilities give details.

N/A

Nature of Liability	Terms of Li	ability	Currency	Name	of Beneficiary		Balance	
N/A								
WEENG HELD ACCECHDING	EOD CHCEOMEDIC I I	DIL ITI		DANIZ -			'	
S. ITEMS HELD AS SECURITY I With respect to items held as security					-			
a) relates to particular borrowings					•	a third party.	(If lodged by a t	hird party, that party's
authority to disclose details mus					,		(======================================	
b) is formally charged (provide de	•		0 /					
c) supports facilities granted by the					1 1 .	•		
 d) is limited in amount or to a spectrovide details of any arrangements f 							late type of door	ment and account
overed, any acknowledgement of set							iate, type of docu	ment and account
Provide details of any negative pledge				•				
Provide details here								
N/A								
5. LEASES (Bank to complete) Provide details of all known finance le	easing commitments.							
Leased Item	Restrictions /	Lease T	Term	Currency	Implicit	Repayment '	Terms	Balance
	Special				Interest			
J/A	Arrangements				Rate			
V/A								
	_							
. ACCOUNTS OPENED/CLOSE List details of any accounts opened or		onthe pri	or to confirm	ation data				
•	closed during the twelve in	ionins pri						
Account Name			BSB Numb	per Accou	nt Number	Оре	en/Closed - Date	
V/A								
S. UNUSED LIMITS/FACILITIES	(Bank to complete)							
	•	confirmati	on date.					
S. UNUSED LIMITS/FACILITIES Please confirm details of all available Type of Facility	•	confirmati	on date.	Unused Lim	it		Terms of Facil	lity Use
Please confirm details of all available	unused limits/facilities at o	confirmati	on date.	Unused Lim	it		Terms of Facil	lity Use
Please confirm details of all available Type of Facility	unused limits/facilities at o	confirmati	on date.	Unused Lim	it		Terms of Facil	lity Use
Please confirm details of all available Type of Facility N/A	unused limits/facilities at c	confirmati	on date.	Unused Lim	it		Terms of Facil	lity Use
Please confirm details of all available Type of Facility N/A D. DEFAULTS AND BREACHES	Facility Limit (Bank to complete)					od and full de		
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Please confirm details of all available Type of Facility N/A DEFAULTS AND BREACHES With reference to the customer's accoletails, for example, of: a) loans payable in default at the c	(Bank to complete) unts with the bank, provide	details of	any defaults	s or breaches	during the perion			
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10. OTHER INFORMATION (Bank to complete)

Please confirm and/or provide any other details relating to any financial relationships not dealt with under sections 1-9 above.

N/A

11. BANK AUTHORISATION

This certificate has been completed from our records at our office only.

The Bank and its staff are unable to warrant the correctness of that information and accordingly hereby disclaim all liability in respect of the same. The information contained herein is confidential and provided for private use in confirmation of our customer accounts for audit purposes only. It may not be used for any other purpose or by any other persons. In particular this is not a credit reference.

AUTHORISED BY:		Other authorisation details (where applicable)
Signature:		
Name (print name):	Sharmin Chamadia	MONWEALTH BANK OF AUGE
Title:	Client Support Officer	COMMONWEALTH
Telephone Number:	1800 019 910	BANK
Reference Number:	457636538	
Date Completed:	23/11/2021	



Audit Support Processing Services Enterprise Services PO Box 327, Silverwater NSW 2128 Phone 1800 019 910 Facsimile 1300 551 285

Reference: 457636538

S & S SMITH SUPER FUND 163 HARDWICK RD MILLENDON WA 6056

Attn: Financial Controller,

23 November 2021

Dear Sir/ Madam,

Reference: Bank Audit Certificate

Your audit certificate has been completed and is enclosed. A copy has been forwarded to your auditors.

An audit fee of \$30.00 will be charged to your account number 716712474072.

If you have any queries regarding this audit certificate, please contact your dedicated Client Service Team.

Please note future requests can be faxed directly to 1300 551 285 or mailed to the above address.

Yours sincerely,

Commonwealth Bank Processing Services

BANK CONFIRMATION - AUDIT REQUEST (GENERAL)

Instructions

Auditor

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Auditor (Name & Address) Carter Woodgate	(Confirm	nation Date 30/06/2021				
PO Box 1156 Midland DC WA 6936	1	Author	ty to Disclose Information at	tached		No	
	7	Γhird F	arty Authority attached	Yes			
Contact Name: Brad Woodgate Telephone Number:				No		X	
Fax Number: Email Address: brad@carterwoodgate.com.au				Not appli	icable		
Date of Audit Request (DD/MM/YYYY) 23/11/2021	1	Reques	t for Acknowledgement attac	hed		No	
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Account Name	BSB Nur	nber	Account Number	Currency	Balance		
Mrs Suzanne Smith + Mr Stephen Smith I Tf S & S Smith Super Fund	06 7167		1247 4072	AUD	346,759.45		
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b) is formally charged (provide de	•		0 /					
c) supports facilities granted by the					1 1 .	•		
 d) is limited in amount or to a spectrovide details of any arrangements f 							late type of door	ment and account
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Leased Item	Restrictions /	Lease T	Term	Currency	Implicit	Repayment '	Terms	Balance
	Special				Interest			
J/A	Arrangements				Rate			
V/A								
	_							
 ACCOUNTS OPENED/CLOSE List details of any accounts opened or 		onthe pri	or to confirm	ation data				
•	closed during the twelve in	ionins pri						
Account Name			BSB Numb	per Accou	nt Number	Оре	en/Closed - Date	
V/A								
S. UNUSED LIMITS/FACILITIES	(Bank to complete)							
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S. UNUSED LIMITS/FACILITIES Please confirm details of all available Type of Facility	•	confirmati	on date.	Unused Lim	it		Terms of Facil	lity Use
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This certificate has been completed from our records at our office only.

The Bank and its staff are unable to warrant the correctness of that information and accordingly hereby disclaim all liability in respect of the same. The information contained herein is confidential and provided for private use in confirmation of our customer accounts for audit purposes only. It may not be used for any other purpose or by any other persons. In particular this is not a credit reference.

AUTHORISED BY:		Other authorisation details (where applicable)
Signature:		
Name (print name):	Sharmin Chamadia	NOWWEALTH BANK OF AUGE
Title:	Client Support Officer	COMMONWEALTH
Telephone Number:	1800 019 910	BANK
Reference Number:	457636538	
Date Completed:	23/11/2021	