



Reference: 461954480

Carter Woodgate
PO Box 1156
Midland DC WA 6936

Attn: Brad Woodgate

21 January 2022

Dear Brad,

Reference: Bank Audit Certificate

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

CHAMBLE ENTERPRISES SUPERANNUATION 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	Customer/Entity (Name & Address) CHAMBLE ENTERPRISES SUPERANNUATION FUND UNIT 2 147 GREAT EASTERN HWY BELLEVUE WA 6056
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Auditor (Name & Address) Carter Woodgate PO Box 1156 Midland DC WA 6936 Contact Name: Brad Woodgate Telephone Number: Fax Number: Email Address: brad@carterwoodgate.com.au	Confirmation Date 30/06/2021
	Authority to Disclose Information attached No
	Third Party Authority attached Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/>
Date of Audit Request (DD/MM/YYYY) 20/01/2022	Request for Acknowledgement attached 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 Number	Account Number	Currency	Balance
Freestone Nominees Pty Ltd Itf Chamble Enterprises Superannuation	06 6128	1047 2584	AUD	18,102.61
Freestone Nominees Pty Ltd Itf Chamble Enterprises Superannuation	06 6128	1050 0856	AUD	134,854.13

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 COLLECTION ON BEHALF OF THE CUSTOMER (Bank to complete)

Maker/Acceptor	Due Date	Balance
N/A		

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.

Nature of Liability	Terms of Liability	Currency	Name of Beneficiary	Balance
N/A				

5. ITEMS HELD AS SECURITY FOR CUSTOMER'S LIABILITIES TO THE BANK (Bank to complete)

With respect to items held as security for customer's liabilities to the bank indicate whether the security:

- (a) relates to particular borrowings or liabilities to the bank and whether it is lodged in the customer's name or by a third party. (If lodged by a third party, that party's authority to disclose details must be attached);
- (b) is formally charged (provide details of date, ownership and type of charge);
- (c) supports facilities granted by the bank to the customer or to another party;
- (d) is limited in amount or to a specific borrowing or, if to your knowledge, there is a prior, equal or subordinate charge.

Provide details of any arrangements for set-off of balances or compensating balances e.g., back to back loans. Include details of date, type of document and account covered, any acknowledgement of set-off, whether given by specific letter of set-off or incorporated in some other document.

Provide details of any negative pledge arrangements that exist.

Provide details here

N/A

6. LEASES (Bank to complete)

Provide details of all known finance leasing commitments.

Leased Item	Restrictions / Special Arrangements	Lease Term	Currency	Implicit Interest Rate	Repayment Terms	Balance
N/A						

7. ACCOUNTS OPENED/CLOSED (Bank to complete)

List details of any accounts opened or closed during the twelve months prior to confirmation date.

Account Name	BSB Number	Account Number	Open/Closed - Date
N/A			

8. UNUSED LIMITS/FACILITIES (Bank to complete)

Please confirm details of all available unused limits/facilities at confirmation date.

Type of Facility	Facility Limit	Unused Limit	Terms of Facility Use
N/A			

9. DEFAULTS AND BREACHES (Bank to complete)

With reference to the customer's accounts with the bank, provide details of any defaults or breaches during the period and full details of such defaults and breaches. Include details, for example, of:

- (a) loans payable in default at the confirmation date and whether they have since been re-negotiated, and
- (b) bank covenants breached during the twelve months up to the confirmation date and whether the breach was remedied.

Provide details here

N/A

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
Title:		Client Support Officer
Telephone Number:		1800 019 910
Reference Number:		461954480
Date Completed:		21/01/2022



Reference: 461954480

CHAMBLE ENTERPRISES SUPERANNUATION FUND
UNIT 2 147 GREAT EASTERN HWY
BELLEVUE WA 6056

Attn: Financial Controller,

21 January 2022

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 612810472584.

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**

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AUTHORISED BY:	Other authorisation details (where applicable)	
Signature:		
Name (print name):		Sharmin Chamadia
Title:		Client Support Officer
Telephone Number:		1800 019 910
Reference Number:		461954480
Date Completed:		21/01/2022