

Nicole Bryant

Managing Director | Chartered Accountant

07 3844 5555

Suite 4, 220 Melbourne Street, South Brisbane QLD 4101

PO Box 3555, South Brisbane BC QLD 4101

admin@macrogroup.com.au

www.macrogroup.com.au

10 June 2022

Dear Sir/Madam,

RE: Mariva Property Trust

In respect of the above Trust's application to invest in the DCP Mort & Co Fund, I verify that the name of the Trust per the executed Trust Deed is 'Mariva Property Trust'. The trustee of the Trust is Mariva Investments Pty Ltd (ACN: 060 876 226).

As a member of Chartered Accountants Australia & New Zealand (CAANZ) (Member No. 651875), I am a qualified accountant.

I trust this information is satisfactory for present purposes but if there are any questions, please do not hesitate to contact me.

Yours faithfully,



Brendan Green

Chartered Accountant

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The DCP Mort & Co Fund – Application Form

This application form is part of the Information Memorandum dated 18th May 2022 (**IM**) relating to units in The DCP Mort & Co Fund (the **Trust**) issued by DCP Syndication Pty Ltd ACN 129 528 301 AFSL 384 591 (**DCP**). The IM contains information about investing in the Trust. You should read the IM before applying for units in the Trust.

The instructions and checklist to help you complete this Application Form are located on page 14. Please use black ink and complete the applicable sections in BLOCK LETTERS.

Investments can only be made by the following types of investors:

- individuals over 18 years of age
- trustees of other entities
- companies or incorporated bodies
- associations/cooperatives, or
- government entities.

You are required to complete this Application Form and send it to us with the required certified copies of your identification documents by mail, facsimile or email. If you fax or email your identification documents, the original should follow in the mail for our records.

Your investment may not be accepted until your original identification documentation has been received. If you are not one of the types of investors listed above, please contact us.

Refer to page 14 for the instructions and checklist for completing this Application Form.

DCP is subject to the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) (AML/CTF Laws). To comply with AML/CTF Laws, we must collect certain information about each investor as set out below. If you do not have the identification documentation referred to, please contact Client Service for other acceptable identification documentation.

DCP may disclose your personal information in connection with AML/CTF Laws. In certain circumstances, DCP may be obliged to freeze or block an investment where it is used in connection with illegal activities or suspected illegal activities. Freezing or blocking can arise as a result of DCP's investment monitoring obligations under the AML/CTF Laws. If this occurs, DCP is not liable to you for any consequences or losses whatsoever and you agree to indemnify DCP if it is found liable to a third party in connection with the freezing or blocking of your investment.

Documents in a language other than English must be accompanied by an English translation prepared by an accredited translator.

Refer to 'How to certify your documents' on page 14 for more information.

Wholesale Clients

In order to participate in the Offer you must be a Wholesale Client. Please complete the following investor category section so that the Company can determine whether you are eligible to participate in the Offer.

Investor category

Each Applicant must mark the box which describes the Applicant's category of investor.

Sophisticated Investor

Applicant 1	Applicant 2 (if joint application)	
<input type="checkbox"/>	<input type="checkbox"/>	I am applying for \$500,000 or more worth of Units
<input type="checkbox"/>	<input type="checkbox"/>	I have net assets of at least \$2.5 million (please arrange for a Qualified Accountant to complete Section 10 of this Application Form).
<input type="checkbox"/>	<input type="checkbox"/>	I have earned at least \$250,000 per annum for each of the last two financial years (please arrange for a Qualified Accountant to complete Section 10 of this Application Form).

Professional Investor

<input checked="" type="checkbox"/>	<input type="checkbox"/>	I have or control gross assets of at least \$10 million (please arrange for a Qualified Accountant to complete Section 10 of this Application Form).
<input type="checkbox"/>	<input type="checkbox"/>	I hold Australian Financial Services Licence No. _____ (please provide AFSL number).

Note: Section 10 of this Application Form is to be completed by a Qualified Accountant

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Details of individuals (including directors of proprietary companies and trustees)

! All individuals, including directors of proprietary companies and trustees, are required to complete this section.

Please indicate the investor type ☐ Individual/Joint investors ☐ Individual trustee ☐ Company director ☐ Sole trader

Complete the below sections for the indicated individual. Please note that all fields are mandatory.

2.1 / Individual 1

Title	<input type="text"/>	Full given name(s)	<input type="text" value="FRANCO"/>	
Surname	<input type="text" value="VALENTE"/>		Date of birth	<input type="text" value="31/03/1949"/>
Any other name known by	<input type="text"/>		Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Occupation	<input type="text"/>			
TFN	<input type="text" value="481 173 842"/>	OR Reason for exemption	<input type="checkbox"/> Non-resident <input type="checkbox"/> Charity <input type="checkbox"/> Other (specify) <input type="text"/>	

! If you are a tax resident of a country other than, or in addition to, Australia, and/or you are a US citizen ► please complete the 'DCP FATCA/CRS Self-Certification Form' and return to us with your Application Form.

It is not compulsory for you to provide your TFN, and it is not an offence if you decline to provide it. However, unless exempted, if your TFN is not provided, tax will be deducted from any income at the highest marginal rate plus the Medicare levy and any other applicable levies or taxes.

Residential address (cannot be a PO Box)

Street name and number	<input type="text" value="UNIT 2402, 12 CUNNINGHAM ST"/>		
Suburb	<input type="text" value="NEWSTEAD"/>	State	<input type="text" value="QLD"/>
Country	<input type="text" value="AUSTRALIA"/>		

Postal address

Is the postal address the same as residential address? ☒ Yes ► go to contact details ☐ No ► please provide below

Street name and number	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>		

Details of individuals (including directors of proprietary companies and trustees) (continued)

Contact details

! At least one contact phone number and an email address must be provided.

Email address

MACCAVALE3@GMAIL.COM

Work phone number

Home phone number

Fax number

Mobile phone number

0416 199 150

Are there any additional investors, individual trustees or company directors?

☒ Yes ▶ go to Section 2.2

☐ No Companies (including corporate trustees) ▶ go to Section 3

Trusts (including SMSFs) with corporate trustees ▶ go to Section 3

Trusts (including SMSFs) with individual trustees ▶ go to Section 4

If none of the above ▶ go to Section 5

2.2 / Individual 2

Title

Full given name(s)

NICOLA

Surname

VALENTE

Date of birth

16/12/1952

Any other name known by

Gender ☒ Male ☐ Female

Occupation

TFN

481 937 651

OR Reason for exemption ☐ Non-resident☐ Charity☐ Other (specify)

! If you are a tax resident of a country other than, or in addition to, Australia, and/or you are a US citizen ▶ please complete the 'DCP FATCA/CRS Self-Certification Form' and return to us with your Application Form.

It is not compulsory for you to provide your TFN, and it is not an offence if you decline to provide it. However, unless exempted, if your TFN is not provided, tax will be deducted from any income at the highest marginal rate plus the Medicare levy and any other applicable levies or taxes.

Residential address (cannot be a PO Box)

☐ Cross this box if same as 'Individual 1'. If different, please complete below.

Street name and number

UNIT 2504, 12 CUNNINGHAM ST

Suburb

NEWSTEAD

State

QLD

Postcode

4006

Country

AUSTRALIA

Are there any additional individual trustees or company directors?

☐ Yes, please provide details (as required in Section 2.2) of additional individuals on a separate sheet.

☒ No Companies (including corporate trustees) ▶ go to Section 3

Trusts (including SMSFs) with corporate trustees ▶ go to Section 3

Trusts (including SMSFs) with individual trustees ▶ go to Section 4

If none of the above ▶ go to Section 5

Details of individuals (including directors of proprietary companies and trustees) (continued)

2.3 / Sole trader – additional information

Registered business name (if any)

ABN (if any) Business activity

Principal place of business (cannot be a PO Box)

Street name and number

Suburb State Postcode

Country

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Details of company

Foreign or domestic companies including corporate trustees

Full name of company or corporate trustee

! We require the applicable identification documentation if it has not been provided previously. See page 14 for a list of acceptable identification documents.

What is the nature of the business activity? ☒ Corporate trustee ☐ Other (specify)

ACN or reason for exemption

ABN/TFN or reason for exemption

! It is not compulsory for you to provide your TFN or ABN, and it is not an offence if you decline to provide it. However, unless exempted, if your TFN or ABN is not provided, tax will be deducted from any income at the highest marginal rate plus the Medicare levy and any other applicable levies or taxes.

Is the company a foreign entity for tax purposes? ☐ Yes, country of tax residence ☒ No

Principal place of office for your business (cannot be a PO Box)

Street name and number

Suburb State Postcode

Country

Registered address (if different from above)

Street name and number

Suburb State Postcode

Country

Contact details

! At least one contact telephone number and an email address must be provided.

☒ Cross this box if same as 'Individual 1' in Section 2.1 OR ☐ Cross this box if same as 'Individual 2' in Section 2.2.

If different, please complete below.

Email address

Work phone number Home phone number

Fax number Mobile phone number

Details of company (continued)

Beneficial owners of company: Please provide details for each shareholder who is beneficially entitled to 25% or more of issued capital in the company. If no shareholder owns more than 25% of the company's shares, please list the persons who directly or indirectly control the company. Please attach additional pages if there are more than two beneficial owners.

A. Beneficial owner 1

☒ Cross this box if same as 'Individual 1' in Section 2.1. If different, please complete below.

Name Date of birth / /

Residential address (cannot be a PO Box)

Street name and number

Suburb State Postcode

Country

Country of tax residence (if more than one, please specify all)

! If you are a tax resident of a country other than, or in addition to, Australia, and/or you are a US citizen ► please complete the 'DCP FATCA/CRS Self-Certification Form' and return to us with your Application Form.

B. Beneficial owner 2

☒ Cross this box if same as 'Individual 2' in Section 2.2. If different, please complete below.

Name Date of birth / /

Residential address (cannot be a PO Box)

Street name and number

Suburb State Postcode

Country

Country of tax residence (if more than one, please specify all)

! If you are a tax resident of a country other than, or in addition to, Australia, and/or you are a US citizen ► please complete the 'DCP FATCA/CRS Self-Certification Form' and return to us with your Application Form.

Please indicate company type by selecting one of the following:

☐ Public listed company ► go to Section 3.1

☐ Majority owned subsidiary of a listed public company ► go to Section 3.2

☐ Licensed and subject to the regulatory oversight of a commonwealth, state or territory statutory regulator in relation to its activities as a company
► go to Section 3.3

☐ Foreign company ► go to Section 3.4

☒ Proprietary (including corporate trustees)
If applying on behalf of a trust ► go to Section 4.
If not ► go to Section 5

☐ Public ► go to Section 5

3.1 / Public listed company

Name of exchange on which shares are listed

Once complete ► go to Section 5

3.2 / Majority owned subsidiary of a listed public company

Name of parent

Exchange of parent listing ACN ABN (if any)

Once complete ► go to Section 5

Details of company (continued)

3.3 / Licensed company subject to regulatory oversight

Name of regulator Regulatory details

Once complete if you are applying on behalf of a trust ▶ go to Section 4. If not ▶ go to Section 5

3.4 / Foreign company

Please complete one of the below sections, along with the 'DCP FATCA/CRS Self-Certification Form', and return to us with your Application Form.

A. Registered with ASIC

Full registered name ARBN

Name and address of local agent in Australia

Name of agent Street name and number Suburb State Postcode Country Country of formation/incorporation/registration Registered address in country of formation

B. Registered by foreign registration body

Name of foreign registration body Registration number

C. Not registered by foreign registration body or ASIC

Address of principal place of business in country of formation

Street name and number Suburb State Postcode Country

Once complete if you are applying on behalf of a trust ▶ go to Section 4. If not ▶ go to Section 5

4

Details of trust

To be completed on behalf of regulated superannuation funds (including SMSFs), other unregulated trusts, managed investment schemes and charities.

Full name of trust/entity

! We require the applicable identification documentation for the trust if not provided previously. Refer to page 14 for list of acceptable identification documents.

Country in which the trust/entity was established

What is the nature of the business activity?

☐ SMSF

☒ Other (specify)

ABN/TFN or reason for exemption

! It is not compulsory for you to provide your TFN or ABN, and it is not an offence if you decline to provide it. However, unless exempted, if your TFN or ABN is not provided, tax will be deducted from any income at the highest marginal rate plus the Medicare levy and any other applicable levies or taxes.

Country of tax residence

! If the country of tax residence is not Australia ► please complete the 'DCP FATCA/CRS Self-Certification Form' and return to us with your Application Form.

4.1 / Type of trust

Please indicate trust structure by selecting one of the following:

☒ Trust is registered and subject to domestic regulatory oversight in its activities as a trust (e.g., SMSF – the regulator is generally the ATO).

Name of regulator

☐ Managed investment scheme registered with ASIC

ARSN

☐ Managed investment scheme which is not registered with ASIC, only has wholesale clients and does not make small scale offerings to which Section 1012E of the Corporations Act 2001 applies

☐ Trust is a government superannuation fund established by legislation

Name of legislation

☐ Other unregulated trust. Specify type of trust

4.2 / Trust beneficiaries

! Required for unregulated trusts only.

A. Trust beneficiary 1

☐ Cross this box if same as 'Individual 1' in Section 2.1. If different, please complete below.

Name

B. Trust beneficiary 2

☐ Cross this box if same as 'Individual 2' in Section 2.2. If different, please complete below.

Name

☐ Please attach additional pages if there are more than two beneficiaries.

Details of trust (continued)

4.3 / Beneficial owner of trust

! Required for unregulated trusts only.

A beneficial owner is the person who controls the activities of the trust.

Please select one of the following:

- ☐ Cross this box if same as 'Individual 1' in Section 2.1.
- ☐ Cross this box if same as 'Individual 2' in Section 2.2.
- ☐ None of the above. Please complete below and provide the required identification documents. Refer to page 14 for more information.

Title Full given name(s)

Surname Date of birth / /

Residential address (cannot be a PO Box)

Street name and number

Suburb State Postcode

Country

Country of tax residence (if more than one, please specify all)

! If you are a tax resident of a country other than, or in addition to, Australia, and/or you are a US citizen ► please complete the 'DCP FATCA/CRS Self-Certification Form' and return to us with your Application Form.

4.4 / Settlor of trust

! Required for unregulated trusts only.

The settlor is the person who made the initial contribution to the trust.

Please select one of the following:

- ☐ Cross this box if settlor is deceased.
- ☐ Cross this box if the initial contribution was less than \$10,000.
- ☐ Cross this box if same as 'Individual 1' in Section 2.1.
- ☐ Cross this box if same as 'Individual 2' in Section 2.2.
- ☐ None of the above. Please complete below.

Title Full given name(s)

Surname

5

Investment purpose and source

What is the purpose of investment? (Select all applicable options)

☐ Savings ☒ Growth ☐ Income ☐ Retirement ☐ Business account

Other (specify)

Detail the source of your investment amount (Select all applicable options)

☐ Savings ☒ Growth ☐ Income ☐ Retirement ☐ Business account

Other (specify)

Investment amount

Investment
amount

\$ 400,000.00

Minimum initial investment must be at least \$100,000 with \$50,000 increments thereafter.

6

Payment of initial investment amount

Please indicate how you will make your payment of the initial investment amount by selecting one of the following:

☒ Bank transfer (EFT or RTGS)**Please transfer your application money to the following account:**Bank Name & Address
(including country)

Westpac Banking Corporation

Account Name

Thomson Geer Brisbane Law Practice Trust Account

BIC/SWIFT

WPACAU2S

BSB Number

034-002

Account Number

971 359

Reference

(include investor's name)

☐ Cheque**Make cheque payable to 'Thomson Geer Brisbane Law Practice Trust Account'. If paying by bank cheque, ensure the investor is the cheque payee or that proof of purchase is attached.**

7

Nominated bank accounts

Please provide your bank details for redemptions and distributions.

! Distribution and redemption proceeds can only be paid into an account with, and direct debit requests can only be made from, an Australian financial institution. This account must be in the investor's name. Payment to, or direct debit from, a third party bank account is not permitted. For example, if you are applying as a corporate trustee for a trust, the bank account name must include the name of the trust.

A. Payment of redemption proceeds (this is mandatory)

Name of financial institution

NAB

Branch location SUNNYBANK PLAZA, 14 ZAMIA ST, ROBERTSON, QLD, 4109

Account name

NAB BUSINESS EVERYDAY ACCOUNT

Branch number (BSB) 084 - 402

Account number 60 - 592 - 1777

B. Distribution of income

Complete if you wish for distribution proceeds to be paid to your bank account.

☒ Cross this box if same as nominated redemption bank account details ▶ go to Section 8

If different, please complete below.

Name of financial institution

Branch location

Account name

Branch number (BSB) -

Account number

8

Authorised signatories

8.1 / Account signing authority for future transactions

Please complete one of the following:

! If no option is nominated, all future written instructions must be executed by the individual(s) who signed this Application Form.

A. Joint investors

- ☐ Either to sign
☐ Both to sign

B. Company (Domestic/Foreign)

- ☐ Sole director to sign
☒ The two directors that have executed this Application Form to sign
☐ The director and company secretary that have executed this Application Form to sign
☐ Other, please provide details ☐ Please attach additional pages for additional authorised signatories.

Name

Signature

C. Trust

i. If individual trustee(s)

- ☐ Either trustee that has executed this Application Form to sign
☐ Both trustees that have executed this Application Form to sign
☐ Other, please provide details

Name

Signature

ii. If corporate trustee(s)

Refer to requirements for 'Company (Domestic/Foreign)' listed above.

8.2 / (Optional) Additional authorised signatories, including financial advisers

This is optional. To nominate additional authorised signatories, please complete below and cross to select what nominated authorised signatories are authorised to do on your behalf. If you have nominated your financial adviser, ensure they complete Section 10.

Signatory 1

The authorised signatory nominated below may:

- ☐ Make changes to my/our contact details only.
☐ Make enquiries (including changes to authorised signatories); make changes to the my/our contact details and make applications and withdrawals on my/our behalf.

Name

Signature of authorised signatory 1

Signatory 2

The authorised signatory nominated below may:

- ☐ Make changes to my/our contact details only.
☐ Make enquiries (including changes to authorised signatories); make changes to the my/our contact details and make applications and withdrawals on my/our behalf.

Name

Signature of authorised signatory 2

☐ Please attach additional pages for additional authorised signatories.

! Please note that applications made by an authorised signatory of the investor will be governed by the terms of investment (which will include the relevant IM and constitution) current at the time of the application.

9

Client acknowledgement and declarations

For each investment in a Trust

When you complete this Application Form you make the following declarations:

- i. I/we hereby appoint Thomson Geer ("TG") as my/our agent to hold my/our Application Money on my/our behalf and direct DCP to pay my/our Application Money to TG for this purpose. I/we acknowledge and agree that TG is authorised to release my/our Application Money to DCP if requested to do so by DCP, but this authorisation is subject to DCP either immediately applying my/our Application Money to issue me/us with Units or depositing my/our Application Money into a bank account in accordance with section 1017E of the Corporations Act. I/we acknowledge and agree that TG is authorised to pay my/our Application Money into the bank account I/we have nominated in this Application Form if directed to do so by DCP;
- ii. I/We have read the IM to which this Application Form applies and agree to be bound by the terms and conditions of the IM and the Constitution of the Trust in which I/we have chosen to invest.
- iii. I/We acknowledge that DCP is not responsible for the delays in receipt of monies caused by the postal service or the applicant's bank.
- iv. If I/we have provided an email address, I/we consent to receive ongoing investor information including IM information, confirmations of transactions and additional information as applicable via email.
- v. I/We hereby consent to the transfer of any of my/our personal information to external third parties including but not limited to fund administrators, fund investment manager(s) and related bodies corporate who are located outside Australia for the purpose of administering the products and services which I/we have engaged the services of DCP or its related bodies corporate and to foreign government agencies (if necessary).
- vi. I/We hereby acknowledge and agree that DCP has outlined in the IM provided to me/us how and where I/we can obtain a copy of the DCP Privacy Statement.
- vii. I/we hereby confirm that the personal information that I/we have provided to DCP is correct and current in every detail, and should these details change, I/we shall promptly advise DCP in writing of the change(s).
- viii. I/We acknowledge that I am/we are a Wholesale Client (as defined in Section 761G of the Corporations Act 2001 (Cth)) and are therefore eligible to hold units in the Trust.
- ix. I/We have received and accepted this offer in Australia.
- x. I/We acknowledge that DCP does not guarantee the repayment of capital or the performance of the Trust or any particular rate of return from the Trust.
- xi. I/We acknowledge that an investment in the Trust is not a deposit with or liability of DCP and is subject to investment risk including possible delays in repayment and loss of income or capital invested.
- xii. By signing this Application Form, I/we acknowledge that I/we have read and understood the IM.
- xiii. I/We have considered our personal circumstances and, where appropriate, obtained investment and / or taxation advice.
- xiv. I/We acknowledge that I am/we are 18 years of age or over and I am/we are eligible to hold units in the Trust in which I/we have chosen to invest.
- xv. I/We acknowledge and agree that where DCP, in its sole discretion, determines that:
 - (a) I/we are ineligible to hold units in the Trust or have provided misleading information in my/our Application Form; or
 - (b) I/we owe any amounts to DCP,
 then I/we appoint DCP as my/our agent to submit a withdrawal request on my/our behalf in respect of all or part of my/our units, as the case requires, in the Trust.
- xvi. I/We agree to provide further information or personal details to DCP if required to meet its obligations under anti-money laundering and counter-terrorism legislation and acknowledge that processing of my/our application may be delayed and will be processed at the unit price applicable for the Business Day as at which all required information has been received and verified.
- xvii. I/We have made an application which cannot be revoked without the consent of the Trustee.

Terms and conditions for collection of Tax File Numbers (TFN) and Australian Business Numbers (ABN)

Collection of TFN and ABN information is authorised and its use and disclosure strictly regulated by tax laws and the Privacy Act. Investors must only provide an ABN instead of a TFN when the investment is made in the course of their enterprise. You are not obliged to provide either your TFN or ABN, but if you do not provide either or claim an exemption we are required to deduct tax from your distribution at the highest marginal tax rate plus Medicare levy to meet Australian taxation law requirements. For more information about the use of TFNs for investments, contact the enquiries section of your local branch of the ATO. Once provided, your TFN will be applied automatically to any future investments in the Trust where formal application procedures are not required (e.g. distribution reinvestments), unless you indicate, at any time, that you do not wish to quote a TFN for a particular investment. Exempt investors should attach a copy of the certificate of exemption. For super funds or trusts list only the applicable ABN or TFN for the super fund or trust.

When you sign this Application Form you declare that you have read and agree to the declarations above.

You should read the IM before signing this Application Form.

Before signing this Application Form, you should ensure that you have received all 16 pages of this Application Form and completed all relevant pages. If the other pages of this Application form are not attached to this page or have not been completed correctly, you should contact us or your financial adviser.

Authorisation 1

Signature	<input type="text"/>
Date	<input type="text" value="/ /"/>
Name	<input type="text" value="NICOLA VALENTE"/> <input type="text"/>
Title	<input checked="" type="checkbox"/> Director <input type="checkbox"/> Company Secretary <input type="checkbox"/> Trustee <input type="checkbox"/> Sole Director <input type="checkbox"/> Attorney <input type="checkbox"/> Other <input type="text"/>

Authorisation 2

Signature	<input type="text"/>
Date	<input type="text" value="/ /"/>
Name	<input type="text" value="FRANCO VALENTE"/> <input type="text"/>
Title	<input checked="" type="checkbox"/> Director <input type="checkbox"/> Company Secretary <input type="checkbox"/> Trustee <input type="checkbox"/> Attorney <input type="checkbox"/> Other <input type="text"/>



Instructions and checklist for completing this Application Form

You are required to complete this Application Form and send it to us with the required certified copies of your identification documents by mail, facsimile or email. If you fax or email your identification documents, the original should follow in the mail for our records. Your investment may not be accepted until your original identification documentation has been received.

Sections to be completed

Section	Type of investor		
	Individual/Joint investors/ Sole trader	Company (domestic/foreign including corporate trustees)	Trusts (including SMSFs, other unregulated trusts, managed investment schemes and charities)
2	✓	✓	✓
3		✓	
4			✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
Who needs to sign	<ul style="list-style-type: none"> Individual or sole trader in whose name the investment is made. Joint applicants are deemed to be joint investors and both are to sign this Application Form. 	<ul style="list-style-type: none"> Australian and foreign company applications are to be signed by two directors, a director and the company secretary, or a sole director on behalf of the company by authority of the board of directors. If the company has a sole director, attach evidence of sole directorship. 	<ul style="list-style-type: none"> Two trustees, or otherwise in accordance with the trust deed. If a corporate trustee, refer to column titled 'Company (domestic/foreign including corporate trustees)'.

Identification documents

Type of investor	Documentation required
<ul style="list-style-type: none"> Individual Joint investors Individual trustee Sole trader Beneficial owner 	<p>For each applicant in whose name(s) the investment is made, we require <u>one</u> of the following:</p> <p><input type="checkbox"/> FSC/FPA form completed by your financial adviser (where applicable)</p> <p><input type="checkbox"/> certified copy of Australian drivers licence</p> <p><input type="checkbox"/> certified copy of Australian passport</p> <p><input type="checkbox"/> certified copy of a card issued under a state or territory law for the purpose of proving a person's age which contains a photograph of the person in whose name the document is issued</p> <p><input type="checkbox"/> certified copy of foreign passport or similar document issued for the purpose of international travel that contains a photograph and the signature of the person in whose name the document is issued.</p> <p>To appoint a power of attorney, complete Section 8.2 of this Application Form and provide the original certified copy of the power of attorney document.</p>
Company (domestic/foreign including corporate trustees)	<p>Where an application is made in the name of a company or corporate trustee, we require <u>one</u> of the following:</p> <p><input type="checkbox"/> for Australian companies, FSC/FPA Form completed by your financial adviser (where applicable)</p> <p><input type="checkbox"/> for foreign companies, original certified copy of registration document (or equivalent)</p> <p><input type="checkbox"/> original certified copy of the constitution.</p>
Trust (including SMSFs, other unregulated trusts, managed investment schemes and charities)	<p>Where an application is made in the name of a trust (including SMSFs, other unregulated trusts, managed investment schemes and charities) we require <u>one</u> of the following:</p> <p><input type="checkbox"/> FSC/FPA Form completed by your financial adviser (where applicable)</p> <p><input type="checkbox"/> original certified copy of the trust deed or extract of the trust deed (we will only use the trust deed for AML/CTF purposes and will not otherwise review the trust deed)</p> <p><input type="checkbox"/> an original copy of a notice of assessment issued from the Australian Tax Office within the last 12 months</p> <p><input type="checkbox"/> a hand-signed letter from a solicitor or qualified accountant verifying the name of the trust.</p>



How to certify your documents

A certified copy is a document that has been certified as a true copy of an original document. To certify a document, take the original document and a photocopy to one of the people listed in the categories below and ask them to certify that the photocopy is a true and correct copy of the original document. That person will need to print their name, date and the capacity in which they are signing (e.g., postal agent, Justice of the Peace).

Sample wording

I, *[full name]*, a *[category of persons listed below]*, certify that this *[name of document]* is a true and correct copy of the original.

[Signature and date]

Documents in a language other than English must be accompanied by an English translation prepared by an accredited translator.

Who can certify copies of documents?

Financial corporations (bank, building society, credit union)	<ul style="list-style-type: none"> • Officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993 (Cth)) • Finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993 (Cth)) • Officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees
Post office	<ul style="list-style-type: none"> • Permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public • Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
JP	<ul style="list-style-type: none"> • Justice of the Peace
Legal	<ul style="list-style-type: none"> • Person who is enrolled on the roll of the Supreme Court of a state or territory, or the High Court of Australia, as a legal practitioner (however described) • Judge of a court • Magistrate • Chief executive officer of a Commonwealth court • Registrar or deputy registrar of a court • Notary public (for the purposes of the Statutory Declaration Regulations 1993 (Cth))
Police	<ul style="list-style-type: none"> • Australian police officer
Diplomatic service	<ul style="list-style-type: none"> • Australian consular officer • Australian diplomatic officer (within the meaning of the Consular Fees Act 1955 (Cth))
Accountant	<ul style="list-style-type: none"> • Member of the Institute of Chartered Accountants in Australia, Certified Practising Accountants (CPA) Australia or the National Institute of Accountants with two or more years of continuous membership

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Accountant's Certificate

Insert full name and address of Qualified Accountant

Full Name:

BRENDAN GREEN

Firm Name:

THE MACRO GROUP CHARTERED ACCOUNTANTS

Address:

LEVEL 1, SUITE 4, 220 MELBOURNE ST, SOUTH BRISBANE, QLD, 4101

Telephone:

0738 445 555

Email:

BRENDAN.GREEN@MACROGROUP.COM

Certificate by Qualified Accountant

I, the Qualified Accountant named above, certify that the following is true and correct:

(a) I am a Qualified Accountant*;

(b) this certificate is given at the request of the Applicants described below; and

MARIVA INVESTMENTS PTY LTD

[Full name Applicant 1]

[Full name Applicant 2 (if joint application)]

(c) please indicate which option below applies by marking the relevant box for each Applicant:

Option 1

Applicant 1

Applicant 2

The Applicant is known to me and for the purposes of paragraph 761G(7)(c) of the Corporations Act, the Applicant, either personally or in conjunction with a company or trust controlled by the Applicant, has (and, in the case of joint Applicants, each Applicant has):

☐
☐

net assets of at least \$2.5 million; or

☐
☐

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

Option 2

Applicant 1

Applicant 2

The Applicant is a company or the trustee of a trust and a person known to me for the purposes of section 761G(7)(c) of the Corporations Act that controls the company or trust has:

☐

net assets of at least \$2.5 million; or

☐

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

Option 3

Applicant 1

Applicant 2

The Applicant (or in the case of joint Applicants, each Applicant) has or controls gross assets of at least \$10 million (including any assets held by an associate or under a trust that the Applicant manages).

☒
☐

Signed

B. Green

Date

10/06/2022

Qualification

MEMBER, CAANZ

*Qualified Accountant means a member of a professional body that is approved by ASIC in writing for the purposes of the definition. ASIC has indicated that for the purposes of the relevant definition of the Corporations Act it will approve any member of:

- CPA Australia (CPAA) who is entitled to use the post nominals, 'CPA' or 'FCPA' and is subject to and complies with CPAA's continuing professional development requirements;
- the Chartered Accountants Australia and New Zealand (formerly The Institute of Chartered Accountants in Australia) who is entitled to use the post nominals 'CA', 'ACA' or 'FCA' and is subject to and complies with Chartered Accountant's continuing professional education requirements; or
- the Institute of Public Accountants (IPA) who is entitled to use the post nominals 'AIPA', 'MIPA' or 'FIPA' and is subject to and complies with the IPA's continuing professional education requirements; or
- a member of an eligible foreign professional body who has at least three years' practical experience in accounting or auditing and is providing a certificate for the purpose of section 761G(7)(c) Corporations Act to a person who is resident in the same country (being a country other than Australia) as that member.