

JWL
SUPERANNUATION FUND

APPLICATION FOR MEMBERSHIP

To The Trustee
JWL
SUPERANNUATION FUND

I, JOHN WILLIAM LARSSON hereby apply to become a member of the JWL SUPERANNUATION FUND and submit the following details for the benefit of the Trustee:

Full Name **JOHN WILLIAM LARSSON**

Address
11 MARINA PLACE
BALLINA WEST
New South Wales 2478

Date of Birth

Signed


.....
JOHN WILLIAM LARSSON

Dated:

15th July 2010

JWL
SUPERANNUATION FUND

APPLICATION FOR MEMBERSHIP

To **The Trustee**
 JWL
 SUPERANNUATION FUND

I, DELLENE JOY LARSSON hereby apply to become a member of the JWL SUPERANNUATION FUND and submit the following details for the benefit of the Trustee:

Full Name **DELLENE JOY LARSSON**

Address
 11 MARINA PLACE
 BALLINA WEST
 New South Wales 2478

Date of Birth

Signed *D. J. Larsson*

 DELLENE JOY LARSSON

Dated: *15th July 2010.*