

APPLICATION FOR MEMBERSHIP

CONFIDENTIAL


TO: THE TRUSTEE

M. SAMPSON SUPERANNUATION FUND

I, the undersigned person, being eligible hereby apply for admission to Membership of the Fund. I agree and undertake as follows:

- (a) I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time.
- (b) I understand the terms and conditions of the Trust Deed and more particularly the terms and conditions of Division B of the Deed concerning Benefits payable.
- (c) I consent to MARK WILLIAM SAMPSON and MARIA SAMPSON acting as Trustee of the Fund.
- (d) I will notify the Trustee if at anytime I cease to be Gainfully Employed as defined in the Deed.
- (e) I declare that at the time I was given this application for Membership I was also given advice in writing about the benefits to which I would be entitled on joining the Fund, the method of determining that entitlement and the conditions relating to those Benefits.
- (f) I declare that to the extent that I have completed the attachments the information contained is accurate in every respect.

Date: 20/12/95


Member's Signature

1. PERSONAL DETAILS

Name:	MARK WILLIAM SAMPSON		
Address:	80 Cambronne Parade, ELERMORE VALE NSW		
Home Phone:	(.....).....		
Gender:	M / F	(Cross out as appropriate)	Date of Birth:/...../.....

2. NOMINATED DEPENDANT(S)

I nominate the undermentioned persons as my Nominated Dependants:

SURNAME	GIVEN NAMES	RELATIONSHIP TO MEMBER	% OF TOTAL BENEFIT
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.....
.....
.....

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- (b) I understand the terms and conditions of the Trust Deed and more particularly the terms and conditions of Division B of the Deed concerning Benefits payable.
- (c) I consent to the MARK WILLIAM SAMPSON and MARIA SAMPSON acting as Trustee(s) of the Fund.
- (d) I will notify the Trustee if at anytime I cease to be Gainfully Employed as defined in the Deed.
- (e) I declare that at the time I was given this application for Membership I was also given advice in writing about the benefits to which I would be entitled on joining the Fund, the method of determining that entitlement and the conditions relating to those Benefits.
- (f) I declare that to the extent that I have completed the attachments the information contained is accurate in every respect.

Date: 20/12/95

M. Sampson
Member's Signature

1. PERSONAL DETAILS

Name: MARIA SAMPSON

Address: 80 Cambronne Parade, ELERMORE VALE NSW

Home Phone: (.....)

Gender: M / F (Cross out as appropriate)

Date of Birth:/...../.....

2. NOMINATED DEPENDANT(S)

I nominate the undermentioned persons as my Nominated Dependants:

SURNAME	GIVEN NAMES	RELATIONSHIP TO MEMBER	% OF TOTAL BENEFIT
.....
.....
.....
.....
.....

CONSENT OF TRUSTEES

We,

MARK WILLIAM SAMPSON

of 80 Cambronne Parade, ELERMORE VALE NSW

and

MARIA SAMPSON

of 80 Cambronne Parade, ELERMORE VALE NSW


HEREBY CONSENT to act as Trustees of the **M. SAMPSON SUPERANNUATION FUND** constituted on the 8th January 1996 between ourselves as Trustees and MARK WILLIAM SAMPSON as Principal AND WE AGREE to administer the Fund in accordance with the terms and conditions set out in the Trust Deed.

We resolve to execute the Superannuation Fund Trust Deeds and arrange for the Deeds to be stamped, if considered necessary.

We further resolve to give the information prescribed in Section 254 of the Superannuation Industry (Supervision) ACT and Regulations 1993 to the Commissioner within 7 days of the establishment of the Fund and that we execute the Form.

DATED the 20 day of 12 1995


.....
MARK WILLIAM SAMPSON


.....
MARIA SAMPSON