

SCHEDULE B
APPLICATION FOR MEMBERSHIP
CONFIDENTIAL

TO: THE TRUSTEE, THE WEEKES SUPERANNUATION FUND

I, _____, apply for membership of the Fund.

- (a) I will be bound by the Trust Deed governing the Fund as varied from time to time.
- (b) I will notify the Trustee if at any time I cease to be Gainfully Employed as defined in the Trust Deed.
- (c) I consent to the Trustee acting as Trustee of the Fund.
- (d) I declare that the information in this Application is accurate in every respect.

APPLICATION DETAILS

Name: DANIEL LUKE WEEKES

Address: 96 HUNTINGDALE ST PULLINGVALE

Occupation: SALES ASSISTANT

Date of Birth: 12/2/1984

Membership Class: _____

Tax File Number: 363 8831 75

NOTE: Your Tax File Number ("TFN") is confidential. Before you provide it, you must be told:

1. Your TFN can be collected under the Superannuation Industry (Supervision) Act 1993.
2. If you provide your TFN, it will only be used for legal purposes, which currently include:
 - finding or identifying your superannuation benefits;
 - calculating tax on eligible termination payments; and
 - providing information to the Commissioner of Taxation.
 These purposes may change in the future as a result of legislative change.
3. It is not an offence not to provide your TFN. If you do not:
 - you may pay unnecessary tax on your benefits, which you will need to reclaim later through the income tax assessment process; and
 - it may be more difficult to find unclaimed benefits that you have, or to locate and amalgamate other benefits you have.

The consequences of not providing your TFN may change in the future as a result of legislative change.

4. If you provide your TFN, the trustee may provide it to:
 - the trustee of another superannuation fund when you transfer your benefits to it, unless you instruct the trustee not to; and
 - the Commissioner of Taxation,
 but otherwise it will be treated as confidential.

NOMINATED DEPENDANT(S)

I nominate the following persons as my Nominated Dependants:

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT

DATED

2004

Signature

**APPLICATION FOR MEMBERSHIP
CONFIDENTIAL**

TO: THE TRUSTEE, THE WEEKES SUPERANNUATION FUND

I, DANIEL COLIN WEEKES, apply for membership of the Fund.

- (a) I will be bound by the Trust Deed governing the Fund as varied from time to time.
- (b) I will notify the Trustee if at any time I cease to be Gainfully Employed as defined in the Trust Deed.
- (c) I consent to the Trustee acting as Trustee of the Fund.
- (d) I declare that the information in this Application is accurate in every respect.

APPLICATION DETAILS

Name: DANIEL COLIN WEEKES

Address: 51 Kununurra Crescent, Shailer Park Qld 4128

Occupation:

Date of Birth: 28/10/1962

Membership Class: A

Tax File Number:

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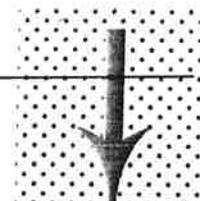
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 - the Commissioner of Taxation,but otherwise it will be treated as confidential.

NOMINATED DEPENDANT(S)

I nominate the following persons as my Nominated Dependants:

**SIGN
HERE**

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT
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DATED 200

Signature *DCW*

**APPLICATION FOR MEMBERSHIP
CONFIDENTIAL**

TO: THE TRUSTEE, THE WEEKES SUPERANNUATION FUND

I, FIONA LISA WEEKES, apply for membership of the Fund.

- (a) I will be bound by the Trust Deed governing the Fund as varied from time to time.
- (b) I will notify the Trustee if at any time I cease to be Gainfully Employed as defined in the Trust Deed.
- (c) I consent to the Trustee acting as Trustee of the Fund.
- (d) I declare that the information in this Application is accurate in every respect.

APPLICATION DETAILS

Name: FIONA LISA WEEKES

Address: 51 Kununurra Crescent, Shailer Park Qld 4128

Occupation:

Date of Birth: 21/05/1973

Membership Class: A

Tax File Number:

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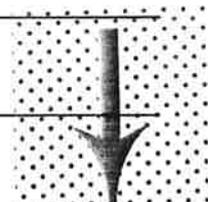
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NOMINATED DEPENDANT(S)

I nominate the following persons as my Nominated Dependants:

**SIGN
HERE**

SURNAME(S)	GIVEN NAME(S)	RELATIONSHIP	% OF BENEFIT



DATED

x 8 July 2007 J

Signature

FLW Weeks

DMH4073564 678907v1