

D&J Suttie Super Fund

Application for Membership

To the Trustee of the Fund.

Full Name	David Suttie	Tax File No. 116 862 406
Address	3 Cawpastures Road, Bowral, NSW 2576	
Occupation	Director	Date of Birth 16/07/1946

I apply for admission as a Member of the Fund and, in consideration of my admission as a Member:

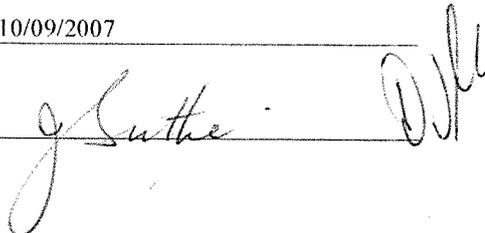
- 1 I consent to being a trustee or director of a corporate trustee unless I am specifically excepted from this requirement under the Standards (e.g., due to a legal disability such as under 18 years or being of unsound mind). I accept the responsibilities and liabilities of being a trustee or a director of a corporate trustee to a superannuation fund.
- 2 I agree to abide by and to be bound by the provisions of the trust deed governing the Fund. I acknowledge that the expressions and meanings in this Application are identical to those used in the trust deed.
- 3 I undertake to provide any relevant information or documentary evidence and agree to submit to health and medical tests as requested from time to time by the Trustee related to my membership of the Fund.
- 4 I acknowledge receipt of written notice of the existence of the nature of the rights that I will have in the Fund, if I am admitted as a Member.
- 5 I nominate the following Dependants (eg, spouse or children) to be entitled to any benefit that I may have in the Fund upon my death:

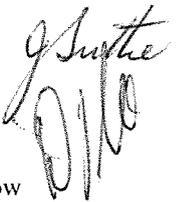
Name	Relationship	% of Benefit
Robert SUTTIE	son	50%
Kathryn SUTTIE	daughter	50%

- 6 I will notify the Trustee as soon as I cease to be Gainfully Employed or reach the age of 65 years.
- 7 I acknowledge that the Trustee can collect my tax file number ("TFN") under the Standards.
- 8 I understand that the Trustee will only use the TFN for legal purposes. This includes finding or identifying my superannuation benefits where other information is insufficient, and calculating tax on any eligible termination payment I may be entitled to.
- 9 I understand that it is not an offence to omit my TFN from this application. But if I do omit to provide it now or later, I may pay more tax on my benefits than I would otherwise have to pay (but which may be later credited to a later assessment of tax) and I may lose benefits which are more difficult to find or to amalgamate with other benefits I am entitled to.
- 10 I acknowledge that the Trustee may provide any TFN disclosed to the Trustee to the trustee of any other superannuation fund to which my benefits are transferred in the future or to the Australian Taxation Office. However, I understand that my TFN will not be passed on in the event I direct the Trustee in writing not to disclose my TFN and, in any event, my TFN will be treated as confidential in accordance with the *Privacy Act 1988*.
- 11 I authorise the Trustee to retain and store information on my behalf despite any contrary provision in any privacy legislation.
- 12 I declare that the information I provide to the Trustee will be true and correct. I acknowledge that it is my responsibility to inform the trustee of any error or changes regarding these matters.

Dated 10/09/2007

Signed





D&J Suttie Super Fund

Application for Membership

To the Trustee of the Fund.

Full Name	Jennifer Suttie	Tax File No. 125 221 107
Address	3 Cawpastures Road, Bowral, NSW 2576	
Occupation	Director	Date of Birth 01/09/1952

I apply for admission as a Member of the Fund and, in consideration of my admission as a Member:

- 1 I consent to being a trustee or director of a corporate trustee unless I am specifically excepted from this requirement under the Standards (e.g., due to a legal disability such as under 18 years or being of unsound mind). I accept the responsibilities and liabilities of being a trustee or a director of a corporate trustee to a superannuation fund.
- 2 I agree to abide by and to be bound by the provisions of the trust deed governing the Fund. I acknowledge that the expressions and meanings in this Application are identical to those used in the trust deed.
- 3 I undertake to provide any relevant information or documentary evidence and agree to submit to health and medical tests as requested from time to time by the Trustee related to my membership of the Fund.
- 4 I acknowledge receipt of written notice of the existence of the nature of the rights that I will have in the Fund, if I am admitted as a Member.
- 5 I nominate the following Dependants (eg. spouse or children) to be entitled to any benefit that I may have in the Fund upon my death:

Name	Relationship	% of Benefit
ROBERT SUTTIE	Son	50%
KATHRYN SUTTIE	Daughter	50%

- 6 I will notify the Trustee as soon as I cease to be Gainfully Employed or reach the age of 65 years.
- 7 I acknowledge that the Trustee can collect my tax file number ("TFN") under the Standards.
- 8 I understand that the Trustee will only use the TFN for legal purposes. This includes finding or identifying my superannuation benefits where other information is insufficient, and calculating tax on any eligible termination payment I may be entitled to.
- 9 I understand that it is not an offence to omit my TFN from this application. But if I do omit to provide it now or later, I may pay more tax on my benefits than I would otherwise have to pay (but which may be later credited to a later assessment of tax) and I may lose benefits which are more difficult to find or to amalgamate with other benefits I am entitled to.
- 10 I acknowledge that the Trustee may provide any TFN disclosed to the Trustee to the trustee of any other superannuation fund to which my benefits are transferred in the future or to the Australian Taxation Office. However, I understand that my TFN will not be passed on in the event I direct the Trustee in writing not to disclose my TFN and, in any event, my TFN will be treated as confidential in accordance with the *Privacy Act 1988*.
- 11 I authorise the Trustee to retain and store information on my behalf despite any contrary provision in any privacy legislation.
- 12 I declare that the information I provide to the Trustee will be true and correct. I acknowledge that it is my responsibility to inform the trustee of any error or changes regarding these matters.

Dated 10/09/2007

Signed

J Suttie

Notification of Contributing Employer

From the Trustee, to an Employer

Employer's Name and ABN/ACN	C-Tech Rubber Pty Ltd
Employer's Address	17 Devon Road – INGLEBURN – NSW 2565

The Trustee wishes to notify the Employer that:

- 1 the Fund is a resident regulated superannuation fund under the *Superannuation Industry (Supervision) Act 1993* ("the Act")
- 2 the Trustee is not subject to a direction from the Australian Prudential Regulatory Authority or the Australian Taxation Office pursuant to section 63 of the Act that would prevent the Trustee accepting employer or other contributions, and
- 3 the Trustee has not been subject to such a direction before or since the date of this application,

and the Employer is registered as a **Contributing Employer** under the Fund.

Date

10/09/2007

Signed by the Trustee

