

Introduction

Application Form | Individual Investors

Frazis Fund One Ltd is managed by Frazis Capital Partners Pty Ltd of ABN 24 609 648 026 Frazis Capital Partners Pty Ltd is a Corporate Authorised Representative (AFS number 001240825) of AFSL license number 238198

Existing investors, please complete the Additional Application Form.	
1. A) Name of Investor	
Account name:	

Section 2. Individual(s)/ Individual Trustee(s)

Complete this section if you are an Individual(s), Individual Trustee(s) or Sole Trader.							
The AML/CTF documentation	ion required for processing this applicat	ion is outlined	on the followi	ng pag	ge.		
How are you investing?							
In my name only (Section 2.A)	☐ Jointly with other individual(s) (Section 2.A & 2.B)		ole Trader 2.A & 2.C)	(dual Trustee(s) for a T 3 & 2.D & Section 4)	
2. A) Individual 1							
Title Given nar	me(s)		Surname				
Date of birth (DD/MM/YYY	Y)		Country of Birth / Citizenship			1	
Street Number & Name or	PO Box						
Suburb			State	Pc	ostcode	Country	
Australian Tax File Number	r or Exemption Reason					Number (GIIN) / US ign Tax Number (if a	
2.B) Individual 2							
Title Given nar	me(s)		Surname				
Date of birth (DD/MM/YYYY)			Country of Birth / Citizenship				
Street Number & Name or	PO Box						
Suburb			State	Pc	ostcode	Country	1
Australian Tax File Number	r or Exemption Reason					Number (GIIN) / US ign Tax Number (if a	
2. C) Sole Trader (if app	licable)						
Business name							
ABN							
2. D) Account Designati	on (if applicable)						
If making this investment a	as an Individual Trustee(s) on behalf of a	nother persor	ı(s), please prov	vide th	at person(s) na	ame as an account	designation.

Identification Documentation - Individuals:

The 'Anti-Money Laundering and Counter Terrorism Financing (AML/CTF)' legislation obliges us to collect identification documents and other supporting information from our investors.

The AML/CTF documentation required for processing this Application Form is outlined below.

You must attach the following **CERTIFIED** copies of documents to this Application Form:

Please provide documents from Option 1 OR Option 2a and 2b.

Oŗ	otion 1:
Ple	ease indicate which one you are providing:
	An Australian driver's licence containing a photograph of the person
	An Australian passport
	An identification card issued by a state or territory that contains the date of birth and a photograph of the card holder
	A foreign government issued passport or similar travel document containing a photograph and signature of the person
NB: If	you cannot provide a document listed above, please provide a document from Option 2a <u>AND</u> 2b below.
Oį	otion 2a:
Ple	ease indicate which one you are providing:
	An Australian birth certificate
	An Australian citizenship certificate
	A pension card issued by Centrelink
	A foreign drivers licence that contains a photograph of the person
<u>A1</u>	ND
Oį	otion 2b:
Ple	ease indicate which one you are providing:
	A notice issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits and contains the individual's name and residential address
	A notice issued by the Australian Taxation Office within the preceding 12 months that records a debt payable to or by the person by or to the Commonwealth
	A notice issued by local government body or utilities provider within the preceding 3 months that records the provision of services to that address or to that person (the notice must contain the individual's name and residential address).
	A National Identity Card issued by a foreign government that contains a photograph signature.
Inc	dividual Acting in the Capacity of a Sole Trader
	A business name registration certificate; and
	Documents required for an individual (As in Option 1 or Option 2a, <u>AND</u> Option 2b above)

6. All Applicants / Investors

ALL INVESTORS MUST COMPLETE THIS SECTION.

6. A) C	Contact Details				
Title	Given name(s)			Surname	
Street N	lumber & Name or PO Box				
Suburb				State	Postcode
Country	1			Email address	
Phone r	number (business hours)			Phone number (home)	
Facsimil	e				
6. B) I	nvestment Details				
		¢100.000		. (HC¢10.000 1' 1 5 1	
A minim	num initial investment of US	\$100,000 and minimum subsequen	t investme	ent of US\$10,000 applies to Frazis F	und One Ltd.
Please i	ndicate the amount you wis	h to invest:			
Initial Investment Amount				\$	
Please indicate how your investment amount will be made:					
Uni	ted States Dollar				
Δ.13	stralian Dollars				
			6.11		
The ban	ik account details for the dire	ect deposit for each currency are as	follows:		
			_		
Currer	псу	Australian Dollars		Currency	United States Dollars
Name	of Bank	Commonwealth Bank of Australia		Name of Bank	Commonwealth Bank of Australia

Currency	Australian Dollars
Name of Bank	Commonwealth Bank of Australia
Name of Account	Frazis Fund One Ltd
BSB	06 2000
Account Number	1644 5131

Currency	United States Dollars		
Name of Bank	Commonwealth Bank of Australia		
Name of Account	Frazis Fund One Ltd		
BSB	06 2000		
Account Number	1658 2910		

Shares in Frazis Fund One Ltd will be issued following receipt of a valid application form, investor identification documents and cleared funds.

6. C) Distribution Re-Investment				
Please indicate how you would like to receive any distributions:				
Reinvest in additional shares in Frazis Fund One Ltd.				
Paid in cash to my/our account (Ple	ease provide your financial institution a	ccount details in Part 6.D).		
If no election is made distributions will be re-invholding.	ested. Your distribution election will apply to you	ur entire holding in Frazis Fund One Ltd and cannot ap	oply to only part of your	
6. D) Financial Institution Account [Details			
Please provide account details for the cred	dit of withdrawals, or credit of distribution	ns (if nominated in Part 6.C).		
Account Details Name of Financial Institution BSB Number	Account Number	Branch Country Account Name		
Cionatura		Cianatura		
Signature		Signature		
Date		Date		
6. E) Investor Communications				
Investor Correspondence We will periodically send to you transactor receiving these communications, noting your email address and postal address	g that some communications may only	ner material. Please indicate (by ticking one be able to be distributed by mail. Please en	box) your preference for sure you have supplied	
Email Mail				
6. F) Adviser & Dealer Group Detail	S			
Adviser Name				
Dealer Group Name				
AFSL Number				
Adviser Address – Street Number & Na	me (or PO Box)			
	· · · · · · · · · · · · · · · · · · ·			
Suburb		State	Postcode	
5 7 11				
Email address		Phone		

My client's investor identification documentation is:				
	Not attached I declare that I have completed the AML/CTF identification and verification for this applicant as required by the AML/CTF Act and AML/CTF Rules and I am satisfied that the identity of the applicant is as stated on this Application Form. I have retained a copy of the identification documents obtained and a record of the procedure undertaken to verify the identity of the applicant and I agree to provide a copy of this information upon request to support this declaration.			
	Attached Please provide with this Application Form CERTIFIED COPIES of the identification documentation specified in the AML section under your relevant investor type.			
Adviser Stamp		Adviser Signature		

6. G) Declaration and Signatures

I/we declare and agree that:

The Participating Shares in the Fund hereby subscribed for are herein referred to as the "Shares".

I/We acknowledge that due to money laundering requirements operating within its jurisdiction and/or the requirements of the Money Laundering Regulations (as amended) of the Cayman Islands and the Guidance Notes issued pursuant thereto the Administrator may require further identification of the applicant(s) before the application can be processed and the Administrator shall be held harmless and indemnified against any loss arising as a result of a failure to process the application if such information has been requested by the Administrator and has not been provided by me/us.

I/We hereby agree to be bound by the Offering Memorandum and the Memorandum and Articles of Association of the Fund (the "Articles of Association"). In consideration of the Administrator processing this Subscription Form and the Fund making a provisional allotment of Shares, I/we hereby agree to indemnify and hold harmless the Fund, the Administrator, the Directors of the Fund and the Investment Manager against any loss, costs or expenses incurred by it or them as a result of my/our failure to pay the required subscription monies for the application of Shares within the time required by the Administrator.

I/We confirm that I am/we are 18 years of age or over (natural persons only).

I/We confirm that I/we am/are not a Restricted Person (as such term is defined in the Offering Memorandum) and am/are not acquiring Shares on behalf of, nor for the benefit of, a Restricted Person nor do I/we intend selling or transferring any Shares which I/we may purchase to any person who is a Restricted Person.

I/We warrant that (a) I/we have the knowledge, expertise and experience in financial matters to evaluate the risks of investing in the Fund; (b) I am/we are aware of the risks inherent in investing in the Shares and the method by which the assets of the Fund are held and/or traded; and (c) I/we can bear the risk of loss of my/our entire investment.

I/We warrant that I am/we are able to acquire Shares without violating applicable laws.

I/We hereby accept such lesser number of Shares, if any, than may be specified above in respect of which this application may be accepted.

I/We having received and considered a copy of the Offering Memorandum, hereby confirm that this application is based solely on the Offering Memorandum and any supplemental Memorandum current at the date of this Subscription Form, the material contracts therein and the Articles of Association, together (where applicable) with the most recent financial statements of the Fund.

I/We request that the Shares issued pursuant to this application be registered in the name(s) and address set out below.

The Administrator is hereby authorised and instructed to accept and execute any instructions in respect of the Shares to which this application relates given by me/us in written form including by email to the email address listed above. If the instructions are given by me/us by facsimile, I/we undertake to confirm them in writing. I/We hereby agree to indemnify the Administrator and agree to keep it indemnified against any loss of any nature whatsoever arising to any of them as a result of it acting upon facsimile instructions. The Administrator may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed in good faith to be genuine or to be signed by properly authorised persons.

I/We are fully empowered and have authority to make this investment whether the investment is on my/our own behalf or on the behalf of another person or institution.

I/We confirm that I/we have the right and authority to request a redemption of Shares and confirm that I/we will comply with the redemption procedures set out in the Offering Memorandum. All redemption instructions may be made in writing including by email to the email address listed above. Any applications for redemption made by telephone must be confirmed in writing including by email to the email address listed above.

I/We agree that the issue and allotment to me/us of Shares is subject to the provisions of the Offering Memorandum and the Articles of Association, that subscription for Shares will be governed and construed in accordance with Cayman Islands law and I/we confirm that by subscribing for Shares, I/we are not relying on any information or representation other than such as may be contained in the Offering Memorandum.

I/We agree that the issue and allotment to me/us of Shares is subject to the provisions of the Offering Memorandum and the Articles of Association, that subscription for Shares will be governed and construed in accordance with Cayman Islands law and I/we confirm that by subscribing for Shares, I/we are not relying on any information or representation other than such as may be contained in the Offering Memorandum.

I/We hereby agree to indemnify and keep indemnified the Fund, the Investment Manager and the Administrator against any loss arising to any of them as a result of any breach of any representation, warranty, covenant or confirmation by me/us in this Subscription Form or of my/our failure to disclose any relevant details or provide them with all information requested by any of them.

In the case of delay or failure to provide satisfactory information, the Administrator may take such action (including declining to accept an application) as it thinks fit.

I/We agree to notify the Administrator immediately if I/we become aware that any of these confirmations are no longer accurate and complete in all respects and agree immediately either to sell or to tender to the Administrator for redemption a sufficient number of Shares to allow the confirmation to be made.

I/We acknowledge and agree that pursuant to the Articles of Association, the Directors shall, if lawfully required to do so under the laws of any jurisdiction to which the Fund, or any service provider to the Fund is subject, be entitled to disclose any information regarding the affairs of the Fund including without limitation information contained in the Register of Members of the Fund and books of the Fund. The Directors, any person acting as a service provider to the Fund and any other person authorised by the Directors shall have the right to access all information belonging to the Fund.

I/We agree to provide the above confirmations to the Administrator at such times as the Administrator may request, and to provide on request such certifications, documents or other evidence as the Administrator may reasonably require to substantiate such representations.

(In respect of joint applicants only) We direct that on the death of one of us the Shares for which we hereby apply be held in the name of and to the order of the survivor or survivors of us or the executor or manager of such survivor or survivors.

"FATCA" means one or more of the following, as the context requires:

- sections 1471 to 1474 of the US Internal Revenue Code of 1986 and any associated legislation, regulations or guidance, commonly referred to as the US Foreign Account Tax Compliance Act, the Common Reporting Standard issued by the Organisation for Economic Cooperation and Development, when adopted, or similar legislation, regulations or guidance enacted in any other jurisdiction which seeks to implement equivalent tax reporting and/or withholding tax regimes; and
- any intergovernmental agreement, treaty or any other arrangement between the Cayman Islands and any of the US, the UK or any other jurisdiction (including between any government bodies in each relevant jurisdiction), entered into to facilitate, implement, comply with or supplement the legislation, regulations or guidance described in paragraph (a); and
- any legislation, regulations or guidance implemented in the Cayman Islands to give effect to the matters outlined in the preceding paragraphs.

I/We agree to provide to the Fund or its agents, upon request, any documentation or other information that the Fund or its agents may require from time to time in connection with the Fund's obligations under, and compliance with, applicable laws and regulations including, but not limited to FATCA. By executing this Form, I/we waive any provision under the laws and regulations of any jurisdiction that would, in the absence of such waiver, prevent or inhibit the Fund's compliance with applicable law as described in this paragraph including, but not limited to preventing

- (i) me/us from providing any requested information or documentation, or
- (ii) the disclosure by the Fund or its agents of the provided information or documentation to applicable governmental or regulatory authorities.

redemption or the Adm provide an	her acknowledge that the Fund and/or the Administration proceeds to ensure that any withholding tax payal ninistrator, or any other investor, or any agent, deleay requested documentation or other information to tription Form shall be governed by and construed in	ble by the Fund, and any related costs, interest egate, employee, director, officer or affiliate of a to the Fund, is economically borne by me/us.	, penalties and other losses and liabilities suffe any of the foregoing persons, arising from my/	ered by the Fu
	Please tick to confirm the above declaration h	nas been read and understood.		

6. G) Declaration and Signatures (continued)

- I/we will provide the Manager with all additional information and assistance the Manager may request in order for it to comply with any AML/CTF Law; and
- I/we am/are not a 'politically exposed' person or organisation for the purposes of any AML/CTF Law.

Name of Investor 1:	Name of Investor 2 (If Joint Investors, both MUST sign)
Signature of Investor 1	Signature of Investor 2
Title of Signatory: eg Director, Trustee, Power of Attorney	Title of Signatory: eg Director, Trustee, Power of Attorney
Date	Date
If there are more than 2 signatories please include an attached list of names and signatures.	
Number of signatories required to instruct on this investment:	
1 2 Other please specify:	
Where do I send my Application Form?	
Completed Application Forms, cheques (where applicable) and identification	n documentation (where applicable) should be mailed to:
Apex Fund Services (Australia) Pty Ltd Suite 801 Level 8 100 William Street Woolloomooloo, New South Wales 2011 AUSTRALIA	Click button to submit form
Application Checklist	
Use the below checklist to ensure you have provided us with a complete Ap	pplication Form:
Completed ALL relevant sections of the Application Form (according to	your Investor Type – outlined on page 1)
Completed Section 6 of the Application Form	
Read the Information Memorandum	
Enclosed the certified identification documentation (depending on you	r Investor Type)
Further Assistance or Information	
If you require assistance with completing the Application Form, please call of	our fund administrator, Apex Fund Services (Australia) Pty Ltd on:
+61 2 8035 0037	

Further information regarding the Fund can be accessed on our website: www.fraziscapitalpartners.com

The manager can also be contacted directly at michael@fraziscapitalpartners.com