



# Application Form | New Investors

Frazis Fund One Ltd (Fund)

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

## Introduction

Existing investors, please complete the Additional Application Form.

### 1. A) Name of Investor

Account name:

### 1. B) Type of Investor

Please indicate what type of Investor you are. **(ALL APPLICANTS MUST COMPLETE SECTION 6 AND 7)**

Type of Investor	Sections to Complete	Page Number/s
<input type="checkbox"/> Individual(s) Including where investing jointly or as a trustee(s) for another person	2, 6 and 7	Pages 2 to 3, 12 to 17
<input type="checkbox"/> Company	3, 6 and 7	Pages 4 to 6, 12 to 17
<input type="checkbox"/> Trust / Superannuation Fund	4, 6 and 7	Pages 7 to 8, 12 to 17
Individual Trustee	2, 4, 6 and 7	Pages 2 to 3, 12 to 17
Company Trustee	3, 4, 6 and 7	Pages 4 to 6, 12 to 17
<input type="checkbox"/> Partnership	5, 6 and 7	Pages 9 to 11, 12 to 17

If the above categories do not apply to you, please contact our Fund Administrator, Apex Fund Services on +61 2 8035 0030

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

Complete this section if you are an Individual(s), Individual Trustee(s) or Sole Trader.

The Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) documentation required for the processing of Section 2 of this application is outlined on the following page.

How are you investing?

- ☐ In my name only (Section 2.A) ☐ Jointly with other individual(s) (Section 2.A & 2.B) ☐ As a Sole Trader (Section 2.A & 2.C) ☐ As an Individual Trustee(s) for a Trust (Section 2.A, 2B & 2.D & Section 4)

### 2. A) Individual 1

Title	Given name(s)	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of birth (DD/MM/YYYY)		Country of Birth / Citizenship		
<input type="text"/>		<input type="text"/>		
Residential Address (Street Number & Name )				
<input type="text"/>				
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Australian Tax File Number or Exemption Reason				
<input type="text"/>				

### 2.B) Individual 2

Title	Given name(s)	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of birth (DD/MM/YYYY)		Country of Birth / Citizenship		
<input type="text"/>		<input type="text"/>		
Residential Address (Street Number & Name )				
<input type="text"/>				
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Australian Tax File Number or Exemption Reason		Global Intermediary Identification Number (GIIN) / US Taxpayer Identification Number (TIN) / Foreign Tax Number (if applicable)		
<input type="text"/>		<input type="text"/>		

### 2. C) Sole Trader (if applicable)

Business name
<input type="text"/>
ABN
<input type="text"/>

### 2. D) Account Designation (if applicable)

If making this investment as an Individual Trustee(s) on behalf of another person(s), please provide that person(s) name as an account designation.

**Identification Documentation - Individuals:**

The 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: **(See Appendix 1, Page 19 for certification requirements.)**

Please provide documents from Option 1 **OR** Option 2a **AND** 2b.

**Option 1:**

Please 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 AND 2b below.**

**Option 2a:**

Please indicate which **one** you are providing:

- ☐ An Australian or foreign government birth certificate
- ☐ An Australian citizenship certificate
- ☐ A pension or health card issued by Centrelink
- ☐ A foreign drivers licence that contains a photograph, date of birth and signature of the person

**AND****Option 2b:**

Please 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, date of birth and signature of the person

**Individual 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, **AND** Option 2b above)

### 3. Company / Corporate Trustee

Complete this section if you are a Company, or a Company acting as a Trustee for a Trust/Fund.

The AML/CTF documentation required for the processing of Section 3 of this Application Form is outlined on Page 6.

- ☐ Public Company (Section 3.A)    ☐ Australian Proprietary Company (Sections 3.A, 3.D & 3.E)    ☐ Foreign Company (Sections 3.A, 3.C, 3.D & 3.E)

#### 3. A) Company Details

Company name (in full and as registered by ASIC, if incorporated in Australia)

Contact name (at Company)

ACN / ABN (if registered in Australia)

Registered address (PO Box not acceptable)

Suburb

State

Postcode

Country

Australian Tax File Number or Exemption Reason

Country of tax residence (non-Australian residents)

If licensed by Australian Commonwealth, State or Territory regulator, name of regulator and licence number

If a listed company, name of market/exchange

If a majority-owned subsidiary of a listed company, name of parent company and its exchange

#### 3. B) Account Designation / Reference

Corporate margin lenders / nominees / custodians, should provide an account designation / reference

#### 3. C) Foreign Companies

Country in which company is incorporated

Identification number issued by the foreign registration body or Australian Registered business number if applicable

Name of foreign registration body (if applicable)

#### 3. D) Director Information

Proprietary companies and foreign private companies to provide full name of each director of the Company

If there are additional directors, please provide details as an attachment.

### 3. E) Beneficial Owner of Information

Proprietary companies and foreign companies, please provide details of each Beneficial Owner having more than 25% of the Company's issued share capital:

#### Beneficial Owner 1:

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth (DD/MM/YYYY)	Country of Birth / Citizenship
<input type="text"/>	<input type="text"/>

Residential Address: (Street Number & Name)

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Australian Tax File Number or Exemption Reason

#### Beneficial Owner 2:

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth (DD/MM/YYYY)	Country of Birth / Citizenship
<input type="text"/>	<input type="text"/>

Residential Address: (Street Number & Name)

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Australian Tax File Number or Exemption Reason

#### Beneficial Owner 3:

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth (DD/MM/YYYY)	Country of Birth / Citizenship
<input type="text"/>	<input type="text"/>

Residential Address: (Street Number & Name)

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Australian Tax File Number or Exemption Reason

**Beneficial Owner 4:**

Title	Given name(s)	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth (DD/MM/YYYY)		Country of Birth / Citizenship	
<input type="text"/>		<input type="text"/>	
Residential Address: (Street Number & Name)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Australian Tax File Number or Exemption Reason			
<input type="text"/>			

If there are additional beneficial owners, please provide details as an attachment.

**Identification Documentation - Companies:**

The AML/CTF legislation obliges us to collect identification documents and other supporting information from our investors.

The AML/CTF documentation required for the processing for Section 3 of this Application Form is outlined below. You must attach the following **CERTIFIED** copies of documents to this Application Form. **(See Appendix 1, Page 19 for certification requirements.)**

Please indicate which **one** you are providing:

**Australian Companies:**

- ☐ If a proprietary company:
- An ASIC Company Extract showing the company name, ACN, registered office address, the names and addresses of the directors and shareholders or
  - A certified copy of the company's certificate of registration or incorporation issued by ASIC, and a document setting out the full name and residential address of each director and the full name and residential address of each shareholder who owns, through one or more shareholdings, more than 25% of the company's issued capital.
- ☐ If a public company:
- An ASIC Company Extract showing the company name, ACN, registered office address, the names and addresses of the directors

**Foreign Companies:**

- ☐ If a private company:
- A Company Extract sourced from the relevant foreign registration body showing the company name and identification number issued by the relevant foreign registration body or Australian registered business number, if applicable, setting out the registered office address and the names and addresses of the directors and shareholders or
  - A certified copy of the company's certificate of registration or incorporation issued by the relevant foreign registration body, and a document setting out the full name and residential address of each director and the full name and residential address of each shareholder who owns, through one or more shareholdings, more than 25% of the company's issued capital.
- ☐ If a public company:
- A Company Extract sourced from the relevant foreign registration body showing the company name, identification number issued by the relevant foreign registration body or Australian registered business number, if applicable, setting out the registered office address and the names and addresses of the directors or
  - A certified copy of the company's certificate of registration or incorporation issued by the relevant foreign registration body.

## 4. Trust / Superannuation Fund

Complete this section if you are a Trust / Superannuation Fund. The trustee(s) must also complete section 2 or 3.  
The AML/CTF documentation required for processing this Application Form is outlined on Page 8.

### 4. A) Trust / Superannuation Fund Details

Trust / Superannuation Fund name (in full)

Business name (if applicable, in full)

ABN (if applicable)

Australian Tax File Number or Exemption Reason

Tax residence (non-Australian residents)

### 4. B) Type of Trust

Please select the type of Trust and provide the relevant information:

- ☐ Registered Managed Investment Scheme   ☐ Unregistered Managed Investment Scheme   ☐ Foreign Trust/Fund  
☐ Australian Regulated Trust/Fund (e.g. self-managed superannuation)   ☐ Government superannuation fund   ☐ Other (e.g. Family Trust) specify:

Please provide the relevant information below:

Country in which trust was established

ARSN / or applicable foreign registration number

Name of regulator (e.g ASIC, ATO) or foreign regulator

Provide name of legislation establishing the trust (Government Superannuation Fund Only)

### 4. C) Beneficiary Details

**Do not complete if Registered Managed Investment Scheme, Government Superannuation Fund or Regulated Trust/Fund (SMSF)**

Does the Trust Deed name the Beneficiaries?

- ☐ Yes   ☐ No - if no, please complete either section 4.C (i) or 4.C (ii) below.

4.C (i) Provide the full name of each Beneficiary:

1.
2.
3.
4.

If there are additional beneficiaries, please provide details as an attachment.

4.C (ii) Describe the class of beneficiary (e.g. Unit holders, charitable purposes)

#### 4. D) Trustee Details – Individuals

Details must be provided for **AT LEAST ONE** of the individuals appointed as Trustee for the Trust/Superannuation Fund. Please complete **Section 2** of the Application Form.

#### 4. E) Trustee Details – Company

Please complete **Section 3** of the form to provide details of the Corporate Trustee for the Trust.

##### Identification Documentation - Trusts/Superannuation Funds:

The AML/CTF legislation obliges us to collect identification documents and other supporting information from our investors. The AML/CTF documentation required for the processing for **Section 4** of this Application Form is outlined below.

You must attach the following **CERTIFIED** copies of documents to this Application Form: **(See Appendix 1, Page 19 for certification requirements.)**

For Registered Managed Investment Schemes or Regulated Trusts (SMSF)

- ☐ A copy of search results from ASIC or Relevant Regulator Website (e.g. Superfund lookup at [www.abn.business.gov.au](http://www.abn.business.gov.au))

For Government Superannuation Fund

- ☐ A copy of relevant extract of the Legislation establishing the Government Superannuation Fund

For Other Trusts (**One** of the following)

- ☐ An original or certified copy of the trust deed or extract or equivalent, **OR**
- ☐ A notice issued by the ATO within the last 12 months, **OR**
- ☐ A letter from a solicitor or qualified accountant that confirms the name of the trust

Please also provide the following trustee information:

- ☐ If the trustee is an individual, please provide the identification documentation required for individuals (section 2)
- ☐ If the trustee is a company, please provide the identification documentation required for companies (section 3)



## 5. Partnership

Complete this section if you are a Partnership.

The AML/CTF documentation required for processing this Application Form is outlined on page 11.

### 5. A) Partnership Details

Partnership name (in full)

Business name (if applicable, in full)

ABN (if applicable)

Country in which Partnership was established

Australian Tax File Number or Exemption Reason

Tax residence (non-Australian residents)

Street Number & Name (or PO Box)

Suburb

State

Postcode

Country

### 5. B) Partner Details

AML/CTF legislation requires details of one Partner to be provided.

The Partner detailed in this section is required to provide the 'Partner Identification Documents' stated on page 11 and will be verified for AML/CTF purposes.

Given Name(s)

Surname

Date of birth (DD/MM/YYYY)

Residential Address: (Street Number & Name)

Suburb

State

Postcode

Country

Country of Birth / Citizenship

### 5. C) Regulation Information

Is the Partnership regulated by a Professional Association?

☐ Yes ☐ No

Association's name (in full)

Association's website address (if any)

Partnership's membership number / reference

If no, you are required (under AML/CTF legislation) to provide the full name and residential address of every other Partner in the Partnership:

#### Partner 2:

Title

Given name(s)

Surname

Residential Address: (Street Number & Name)

Suburb

State

Postcode

Country

Country of Birth / Citizenship

#### Partner 3:

Title

Given name(s)

Surname

Residential Address: (Street Number & Name)

Suburb

State

Postcode

Country

Country of Birth / Citizenship

#### Partner 4:

Title

Given name(s)

Surname

Residential Address: (Street Number & Name)

Suburb

State

Postcode

Country

Country of Birth / Citizenship

If there are additional Partners, please provide details as an attachment.

**Identification Documentation - Partnership:**

The AML/CTF documentation required for the processing for Section 5 of this Application Form is outlined below. You must attach the following **CERTIFIED** copies of documents to this Application Form. **(See Appendix 1, Page 19 for CERTIFIED copy requirements.)**

For the partnership details in 5. A, please provide the following:

- ☐ A certified copy or extract of the current partnership agreement

The Partner detailed in section 5. B must provide **one** of the following documents:

Please 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

## United States tax status form

## ALL investors must complete

The Foreign Account Tax Compliance Act (**FATCA**) is a United States (**US**) regulatory requirement that aims to deter tax evasion by US taxpayers. The Australian and US Governments (through their tax offices) have an agreement which means we must ask you, and you must answer, these questions. Information we gather is reported to the ATO and in turn to US tax authorities. For more information visit the ATO Website: <https://www.ato.gov.au/General/New-legislation/In-detail/Other-topics/International/Foreign-Account-Tax-Compliance-Act/>.

If you are unsure of any of the answers please seek professional advice. Not enough room? Write the details clearly and attach them.

**1. If you are investing as an individual**

whether for yourself or as a trustee

Are you a US citizen or a resident of the US for tax purposes?

- ☐ No - skip to section 7 on page 14. You are now finished with this section of the form. Please proceed to Section 7 of the Application Form on page 14.
- ☐ Yes - please complete your TIN below and skip to section 8, sign this form in the 'signature' section and you are finished:

Investor 1		TIN	
Investor 2		TIN	

**Help** ↓

**TIN:** this is not your tax file number (or TFN). It stands for **US Taxpayer Identification Number**, one of a number of identification numbers issued by US authorities  
it could for example be a US Social Security Number, a US Individual Taxpayer Identification Number or an US Employer Identification Number.

**US citizen or resident of the US for tax purposes:**

- anyone born in the US who hasn't renounced their US citizenship
- a US citizen including persons with dual or multiple citizenships

US lawful permanent residents eg green card holders

**2. Are you a super fund?**

- ☐ Yes - skip to section 8, sign this form in the 'signature' section. You are now finished, please proceed to Section 7 of the Application Form on page 14.
- ☐ No – please continue to question 3.

For example, a self-managed super fund, an APRA regulated super fund, any government super fund and any pooled superannuation trust

**3. Are you a trustee of a testamentary trust?**

- ☐ Yes - skip to section 8, sign this form in the 'signature' section. You are now finished, please proceed to Section 7 of the Application Form on page 14.
- ☐ No – please continue to question 4.

**4. Are you a US company or trust?**

- ☐ No – please continue to question 5.
- ☐ Yes - please complete your TIN below. You are now finished with this section of the form. Please proceed to Section 7 of the Application Form on page 14.

TIN

**TIN:** this is not your tax file number (or TFN). It stands for **US Taxpayer Identification Number**, one of a number of identification numbers issued by US authorities  
it could for example be a US Social Security Number, a US Individual Taxpayer Identification Number or an US Employer Identification Number.

**US company or trust:**

- a company created in the US, established under the laws of the US or which is a US taxpayer
- a trust subject to the laws of the US and controlled by one or more persons that are citizens or residents of the US

**5. Are you an institutional type of investor?**

Are you any of these?

- ☒ a Financial Institution,  
☒ Australian Regulated Trust or  
☒ a trust whose trustee is a Financial Institution.

- ☐ Yes - please complete your GIIN below. You are now finished with this section of the form. Please proceed to Section 7 of the Application Form on page 14.
- ☐ No - please continue to question 6.

**Financial Institution:**

- a depository institution  
you accept deposits in the ordinary course of a banking or similar business eg a bank
- a custodial institution  
a substantial portion of your business (20%+ of gross income) is held in financial assets for the account of others eg a custodian
- an investment entity  
this includes entities that trade in financial assets or that are investing, administering, managing funds, money, or certain financial assets on behalf of other persons eg investment companies. **Note:** if you are a professional trustee or custodian, you will usually fall within this category but family discretionary trusts

GIIN

If you ticked **Yes** but don't have a GIIN, please tell us your FATCA status:

<input type="checkbox"/>	Deemed compliant Foreign Financial Institution	<input type="checkbox"/>	Excepted Foreign Financial Institution
<input type="checkbox"/>	Registered deemed compliant Foreign Financial Institution	<input type="checkbox"/>	Non participating Foreign Financial Institution
<input type="checkbox"/>	Exempt Beneficial Owner	<input type="checkbox"/>	Non-Participating Foreign Financial Institution
<input type="checkbox"/>	GIIN applied for but not yet issued	<input type="checkbox"/>	Non reporting IGA Foreign Financial Institution
<input type="checkbox"/>	Other: please detail →		

should answer **No** and move to question 6.

- certain prescribed entities  
eg types of insurance companies that have cash value products or annuities.

More information can be found at:  
[www.irs.gov/Businesses/Corporations/Information-for-Foreign-Financial-Institutions](http://www.irs.gov/Businesses/Corporations/Information-for-Foreign-Financial-Institutions)

### Australian Regulated Trust:

- ASIC registered management investment schemes
- other trusts which are registered with the ATO or ASIC, or
- super entities without a GIIN  
self-managed superannuation funds, APRA regulated superannuation funds, Australian Government or Semi-Government Superannuation Funds and pooled super trusts.

### GIIN:

**Global Intermediary Identification Number**, a unique ID number issued by US tax authorities to non-US financial institutions when they register for FATCA

## 6. Are you a public company?

- ☐ Yes - skip to section 8, sign this form in the 'signature' section. You are now finished, please proceed to Section 7 of the Application Form on page 14.

- ☐ No – please continue to question 7.

## 7. Are you a passive type of entity?

- ☐ Yes.  
☐ No.

Please continue to question 8.

Generally, consider ticking 'Yes' if, in the last calendar or financial year:

- more than half of your gross income, or
- more than half of your assets produce or are held to produce,

passive income.

Passive income includes investment income such as dividends, interest, rents and royalties.

When thinking about this, include income and assets held directly or indirectly (for example through subsidiaries or companies in which you invest).

If you tick 'Yes', you are also telling us that you are not otherwise caught as an active type of entity (this depends on the law – seek advice if you are not sure).

## 8. Are your beneficiaries and controllers US citizens or residents?

Are any of the people listed below a **US citizen or resident of the US for tax purposes**:

- ➡ anyone that beneficially owns 25% or more of your issued capital  
➡ anyone that exercises control over you  
by way of determining decisions about the financial and operating policy  
➡ if you are a trust, any beneficiary or settlor?

- ☐ No - skip to section 8, sign this form in the 'signature' section. You are now finished, please proceed to Section 7 of the Application Form on page 14.

- ☐ Yes - please complete their details below. You are now finished with this section of the form. Please proceed to Section 7 of the Application Form on page 14.

name	address	TIN
name	address	TIN
name	address	TIN

A **US citizen or resident of the US for tax purposes** is defined above.

## 7. All Applicants / Investors

**ALL INVESTORS MUST COMPLETE THIS SECTION.**

### 7. A) Contact Details

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address: (Street Number & Name)		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Email address	
<input type="text"/>	<input type="text"/>	
Phone number (business hours)	Phone number (home or mobile)	
<input type="text"/>	<input type="text"/>	
Facsimile		
<input type="text"/>		

### 7. B) Investment Details

A minimum initial investment of US\$100,000 and minimum subsequent investment of US\$10,000 applies to Frazis Fund One Ltd.

Please note that US\$100,000 minimum is required by Cayman Islands regulation. If subscribing in AUD, the value must be above US\$100,000 at record date (1st of each month)

Please indicate the amount you wish to invest:

**Initial Investment Amount:**

\$

Please indicate how your investment amount will be made:

☐ United States Dollars

☐ Australian Dollars

The bank account details for the direct deposit for each currency are as follows:

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.**

### 7. C) Distribution Re-Investment

Please indicate how you would like to receive fund distributions

☐ Reinvest in additional units in the Frazis Fund One Ltd.

☐ Paid in cash to my/our account (Please provide your financial institution account details in Part 7.D).

If no election is made distributions will be re-invested. Your distribution election will apply to your entire unitholding in the Fund and cannot apply to only part of your holding.

Frazis Fund One Ltd may suspend or discontinue distribution re-investment in its discretion.

### 7. D) Financial Institution Account Details

Please provide account details for the credit of withdrawals, or credit of distributions (if nominated in Part 7.C).

#### Account Details

Name of Financial Institution

Branch

Country

BSB Number

Account Number

Account Name

Signature

Signature

Date

Date

### 7. E) Adviser & Dealer Group Details

Adviser Name

Dealer Group Name

AFSL Number

Adviser Address – Street Number & Name

Suburb

State

Postcode

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. (See Appendix 1, Page 19 for certification requirements.)

Adviser Stamp

Adviser Signature

## 7. F) 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

I/we warrant that:  
person or institution.



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:

(a) 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

(b) 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

(c) 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.

I/We further acknowledge that the Fund and/or the Administrator may take such action as each of them considers necessary in relation to my/our holding and/or redemption proceeds to ensure that any withholding tax payable by the Fund, and any related costs, interest, penalties and other losses and liabilities suffered by the Fund or the Administrator, or any other investor, or any agent, delegate, employee, director, officer or affiliate of any of the foregoing persons, arising from my/our failure to provide any requested documentation or other information to the Fund, is economically borne by me/us.

This Subscription Form shall be governed by and construed in accordance with the laws of the Cayman Islands.

☐ Please tick to confirm the above declaration has been read and understood.

## 7. F) Declaration and Signatures (continued)

- I/we will provide Frazis Capital Partners Pty Ltd with all additional information and assistance Frazis Capital Partners Pty Ltd 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 documentation (where applicable) should be mailed to:



**Apex Fund Services (Australia) Pty Ltd**  
**Western House, Level 2,**  
**83 William Street Melbourne**  
**VICTORIA 3000**  
**AUSTRALIA**

**Click button to send email to**  
**Frazis@apexfunds.com.au**

## Application Checklist

Use the below checklist to ensure you have provided us with a complete Application 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 your Investor Type)
- ☐ If I am a US Citizen, I have filled in the appropriate FATCA Requirements

## Further Assistance or Information

If you require assistance with completing the Application Form, please call 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](http://www.fraziscapitalpartners.com)

[On Accountants letterhead]

**CERTIFICATE BY QUALIFIED ACCOUNTANT**  
(for the purposes of Section 761G(7))

[Date]

Apex Fund Services (Australia) Pty Ltd Western  
House, Level 2,

83 William Street Melbourne

VICTORIA 3000

AUSTRALIA

Attention:  
Rajiv Kalra  
Frazis@apexfunds.com.au  
Fax: 02 8072 1883

Dear David,

**Re: Frazis Fund One Ltd investment by [insert applicants name as per application form]**

I confirm that I am a qualified accountant as defined by section 9 of the Corporations Act 2001 (Cth), and certify that:

**[insert applicant's name as per application form]**

- (i) has net assets of at least A\$2.5 million; or
- (ii) has had a gross income for each of the last two (2) financial years of at least A\$250,000 a year.

Yours faithfully

**[Insert – Accountant's name]**

**[Insert – Accountant's name and phone number if not on firm letterhead]**

- (i) where the applicant is a company or trust controlled by someone who has a certificate from a qualified accountant, the applicant may be considered a wholesale client (See Corporations Regulation 7.36.02 AB).
- (ii) In calculating the net assets of \$2.5 million or gross income of \$250,000, the applicant may include the net assets or gross income (as relevant) of any company or trust the applicant controls (See Corporations Regulation 7.6.02 AC).

## Appendix 1) Certified Copy of an Original Document

**Certified copy** means a document that has been certified as a true copy of an original document.

**Certified extract** means an extract that has been certified as a true copy of some of the information contained in a complete original document by one of the persons described in the sub-paragraphs below.

People who can certify documents or extracts include:

- a **lawyer** - a person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner (however described);
- a **judge** of a court;
- a **magistrate**;
- a **chief executive officer** of a Commonwealth court;
- a **registrar** or **deputy registrar** of a court;
- a **Justice of the Peace**;
- a **notary public** (for the purposes of the Statutory Declaration Regulations 1993);
- a **police officer**;
- a **postal agent** - an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- the **post office** - a **permanent employee** of The Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public;
- an **Australian consular officer** or an **Australian diplomatic officer** (within the meaning of the Consular Fees Act 1955);
- an **officer** with 2 or more continuous years of service with one or more **financial institutions** (for the purposes of the Statutory Declaration Regulations 1993);
- a **finance company officer** with 2 or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declaration Regulations 1993);
- an **officer** with, or **authorised representative** of, a **holder of an Australian financial services licence**, having 2 or more continuous years of service with one or more licensees; and
- an **accountant** - a member of the institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

The eligible certifier must include the following information:

- Their full name
- Address
- Telephone number
- The date of certifying
- Capacity in which they are eligible to certify, and
- An official stamp/seal if applicable

The certified copy must include the statement, ***"I certify this is a true copy of the original document"***.

For photographic documents, the certified copy must include the statement, ***"I certify this is a true copy of the original document and the photograph is a true likeness"***.

**Documents that are written in a language that is not English** must be accompanied by an English translation prepared by an accredited translator.