

# India Avenue Equity Fund – Wholesale Class



## Application Form

- **If completing by hand, use a black or blue pen and print within the boxes in BLOCK LETTERS**
- **Use ticks in boxes where applicable**
- **The applicant must complete, print and sign this form**
- **Keep a photocopy of your completed Application Form for your records**
- **Please ensure all relevant sections are complete before submitting this form**

This application form is part of the Product Disclosure Statement dated 20 June 2016 ('PDS') relating to units in the India Avenue Equity Fund – Wholesale Class issued by Equity Trustees Limited (ABN 46 004 031 298, AFSL 240975).

- The PDS contains information about investing in the Fund. You should read the PDS before applying for units in the Fund.
- A person who gives another person access to the Application Form must at the same time and by the same means give the other person access to the PDS.
- EQT will provide you with a copy of the PDS and the Application Form on request without charge (*If you make an error while completing your application form, do not use correction fluid. Cross out your mistakes and initial your changes.*)

### US Persons:

**This offer is not open to any US Person. Please refer to the Product Disclosure Statement and Reference Guide for further information.**

## Section 1 – Introduction

**Do you have an existing investment in the India Avenue Equity Fund – Wholesale Class?**

- YES** – my details are:

<b>Account Number</b>	
<b>Account Name</b>	
<b>Contact Telephone Number (Including Country Code)</b>	

**Now go to section 8.**

- NO** – only complete the sections relevant to you, as indicated below:

Select One	Account Type	Sections to Complete	Identification Requirement Groups to Complete
<input type="checkbox"/>	Individual(s)	1,2,7,8,9,10	Group A
<input type="checkbox"/>	Partnership(s)	1,3,7,8,9,10	Group A & B
<input type="checkbox"/>	Trust/Superannuation fund with an individual trustee	1,2,4,7,8,9,10	Group C or D, & E
<input type="checkbox"/>	Trust/Superannuation fund with a corporate trustee	1,4,5,7,8,9,10	Group C or D, & E
<input type="checkbox"/>	Company	1,5,7,8,9,10	Group F or G
<b>And complete these if you would like to appoint a power of attorney or agent</b>			
<input type="checkbox"/>	Power of attorney or agent	Section 6	Group H
<input type="checkbox"/>	Financial Adviser	Section 7	Group H

### Contacting the Fund

**Fund Manager:** India Avenue Investment Management Australia Pty Limited  
Ph. +612 8812 3522

**Post your completed application to:** Fund BPO Pty Ltd  
Client Services Registry Team  
GPO Box 4968  
Sydney, NSW, 2001

## AML/Identification Requirements

The AML/CTF Act requires the Responsible Entity to adopt and maintain an anti-money laundering and counter-terrorism financing ('AML/CTF') compliance program. The AML/CTF compliance program includes ongoing customer due diligence, which may require the Responsible Entity to collect further information.

- Identification documentation provided must be in the name of the Applicant.
- Non-English language documents must be translated by an accredited translator.
- Applications made without providing this information cannot be processed until all the necessary information has been provided.
- If you are unable to provide the identification documents described please call India Avenue on +61 2 8812 3522.
- **These documents should be provided as a CERTIFIED COPY of the original.**

### GROUP A – Individuals

Each individual investor, individual trustee, partner or individual agent must provide one of the following:

- A current Australian driver's licence (or foreign equivalent) that includes a photo
- An Australian passport
- A current passport (or similar) issued by a foreign government or the United Nations (UN) (or an agency of the UN) that provides your signature
- An identity card issued by a State or Territory Government that includes a photo

### GROUP B – Partnerships

Provide one of the following:

- A certified copy or certified extract of the partnership agreement
- A certified copy or certified extract of minutes of a partnership meeting
- A notice issued by the Australian Taxation Office ("ATO") within the last 12 months
- An original or certified copy of a certificate of registration of business name issued by a government agency in Australia
- Group A verification requirements for each partner and beneficial owner of the Partnership

### GROUP C – Registered Managed Investment Scheme, Regulated Superannuation Fund (including self- managed) or Government Superannuation Fund

Provide one of the following:

- A copy of the company search on the ATO database
- A copy of the company search of the relevant regulator's website
- A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website

### GROUP D – Other Trusts

Provide one of the following:

- A certified copy or certified extract of the Trust Deed
- Signed meeting minutes showing the full name of the trust
- Annual report or audited financial statements
- A certified copy of a notice issued by the ATO within the previous 12 months
- Group A verification requirements for each beneficial owner of the trust

### GROUP E – Trustees

- If you are an **Individual Trustee** – please provide the identification documents listed under Group A
- If you are a **Corporate Trustee** – please provide the identification documents listed under Group F or G.
- If you are a **combination** of both – please complete for one trustee from each investor type listed under Group A and F or G

### GROUP F – Australian Companies

Provide one of the following:

- A certified copy of the Certificate of Registration or Licence
- A copy of a company search on the ASIC database
- A copy of information regarding the company / trustee's licence or other information held by the relevant Commonwealth, State or Territory regulatory body

All of above must clearly show the company's full name and type (i.e. public or private).

- Group A verification requirements for each beneficial owner (senior managing official and shareholder) listed in Section 5.4 of the application.

### GROUP G – Non-Australian Companies

Provide one of the following:

- A certified copy of the company's Certificate of Registration or incorporation (issued by ASIC or equivalent in the domestic jurisdiction) showing the company's registration number
- A certified copy of the company's articles of association or constitution
- A copy of a company search on the ASIC database or relevant foreign registration body

All of above must clearly show the company's full name and type (i.e. public or private).

- Group A verification requirements for each beneficial owner (senior managing official and shareholder) listed in Section 5.4 of the application.

### GROUP H – Agents

- If you are an **Individual Agent** – please provide the identification documents listed under Group A
- If you are a **Corporate Agent** – please provide the identification documents listed under Group F or G

## Important Information

**Additional information required under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 and the Foreign Account Tax Compliance Act.**

In accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (the 'AML/CTF Act') and the Foreign Account Tax Compliance Act (the 'FATCA') the Responsible Entity is required to collect additional information about you. The Responsible Entity may also ask you to provide certified copies of certain identification documents along with the Application Form.

Under the AML/CTF Act and FATCA, the Responsible Entity is prohibited from processing your application until all of the information and supporting documentation requested in this form has been received. In most cases, the information that you provide in this form will satisfy the AML/CTF Act & FATCA. However, in some instances the Responsible Entity may contact you to request further information. It may also be necessary for the Responsible Entity to collect information (including sensitive information) about you from third parties in order to meet its obligations under the AML/CTF Act and FATCA.

**Declarations**

When you complete this Application Form you make the following declarations:

- I/We have read the PDS to which this Application Form applies and agree to be bound by the terms and conditions of the PDS and the Constitution of the Fund in which I/we have chosen to invest.
- I/We acknowledge that EQT is not responsible for the delays in receipt of monies caused by the postal service or the applicant's bank.
- If I/we have provided an email address, I/we consent to receive ongoing investor information including PDS information, confirmations of transactions and additional information as applicable via email.
- I/We hereby consent to the transfer of any of my/our personal information to external third parties including but not limited to fund administrators, fund investment manager(s) and related bodies corporate who are located outside Australia for the purpose of administering the products and services which I/we have engaged the services of EQT or its related bodies corporate and to foreign government agencies (if necessary).
- I/We hereby acknowledge and agree that EQT have outlined in the PDS provided to me/us how and where I/we can obtain a copy of the EQT Group Privacy Statement.
- I/we hereby confirm that the personal information that I/we have provided to EQT is correct and current in every detail, and should these details change, I/we shall promptly advise EQT in writing of the change(s).
- If I/we lodge a fax application request, I/we acknowledge and agree to release, discharge and agree to indemnify EQT from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from any fax application.
- I/We have received and accepted this offer in Australia or New Zealand.
- I/We acknowledge that EQT does not guarantee the repayment of capital or the performance of the Fund or any particular rate of return from the Fund.
- I/We acknowledge that an investment in the Fund is not a deposit with or liability of EQT and is subject to investment risk including possible delays in repayment and loss of income or capital invested.
- If I/we have completed and lodged the relevant sections on authorised representatives/agents on the Application Form then I/we agree to release, discharge and agree to indemnify EQT from and against any and all losses, liabilities, actions, proceedings, account claims and demands arising from EQT acting on the instructions of my/our authorised representatives, agents and/or nominees.
- By signing this Application Form, I/we acknowledge that I/we have read and understood the PDS
- I/We have considered our personal circumstances and, where appropriate, obtained investment and / or taxation advice.
- If this is a joint application each of us agrees that our investment is held as joint tenants.
- I/We acknowledge that I am/we are 18 years of age or over and I am/we are eligible to hold units in the Fund in which I/we have chosen to invest.
- I/We acknowledge and agree that where the Responsible Entity, in its sole discretion, determines that:
  - I/we are ineligible to hold units in a Fund or have provided misleading information in my/our Application Form; or
  - I/we owe any amounts to EQT, then I/we appoint the Responsible Entity as my/our agent to submit a withdrawal request on my/our behalf in respect of all or part of my/our units, as the case requires, in the Fund.
- I/We agree to provide further information or personal details to the Responsible Entity if required to meet its obligations under anti-money laundering and counter-terrorism legislation and acknowledge that processing of my/our application may be delayed and will be processed at the unit price applicable for the Business Day as at which all required information has been received and verified.
- I/We hereby declare that I/we are not a US Person as defined in the PDS.
  - **For Australian applicants** - I/We acknowledge that I am / we are a Wholesale Client (as defined in Section 761G of the Corporations Act 2001 (Cth)) and are therefore eligible to hold units in the Fund.
  - **For New Zealand applicants** - I/We acknowledge and agree that:
    - I/we have read the New Zealand Wholesale Investor Fact Sheet and PDS for the Fund;
    - I am/we are a Wholesale Investor and am/are therefore eligible to hold units in the Fund; and
    - I/we have not:
      - Offered, sold, or transferred, and will not offer, sell, or transfer, directly or indirectly, any units in the Fund;
      - granted, issued, or transferred, and will not grant, issue, or transfer, any interests in or options over, directly or indirectly, any units in the Fund; and
      - distributed and will not distribute, directly or indirectly, the PDS or any other offering materials or advertisement in relation to any offer of units in the Fund,

All references to Wholesale Investor in this Declaration are a reference to Wholesale Investor in terms of clause 3(2) of Schedule 1 of the Financial Markets Conduct Act 2013 (New Zealand).

**Terms and conditions for collection of Tax File Numbers (TFN) and Australian Business Numbers (ABN)**

Collection of TFN and ABN information is authorised and its use and disclosure strictly regulated by tax laws and the Privacy Act. Investors must only provide an ABN instead of a TFN when the investment is made in the course of their enterprise. You are not obliged to provide either your TFN or ABN, but if you do not provide either or claim an exemption we are required to deduct tax from your distribution at the highest marginal tax rate plus Medicare levy to meet Australian taxation law requirements. For

more information about the use of TFNs for investments, contact the enquiries section of your local branch of the ATO. Once provided, your TFN will be applied automatically to any future investments in the Fund where formal application procedures are not required (e.g. distribution reinvestments), unless you indicate, at any time, that you do not wish to quote a TFN for a particular investment. Exempt investors should attach a copy of the certificate of exemption. For super funds or trusts list only the applicable ABN or TFN for the super fund or trust.

**When you sign this Application Form you declare that you have read and agree to the declarations above.**

## Section 2 – Individual(s) or Individual Trustee(s)

Complete this section if you are investing in your own name or as an individual trustee.

**For AML requirements please refer to page 2.**

### 2.1 Type of investor

Tick one box only and complete the specified parts of this section.

<input type="checkbox"/> Individual – complete 2.2	<input type="checkbox"/> Sole Trader – complete 2.2 and 2.4
<input type="checkbox"/> Jointly with another individual(s) – complete 2.2, 2.3 and 2.5	<input type="checkbox"/> Individual trustee for an individual – complete 2.2, 2.3 and 2.5 (if there is more than one individual trustee)
<input type="checkbox"/> Individual trustee for a trust – complete 2.2 and 2.3 (also complete section 4)	

### 2.2 Investor 1

Title	Given Name(s)	Surname
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Telephone Number (Including Country Code) (daytime)

Date of Birth (DDMMYY)	Tax File Number (TFN) – or exemption code
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Reason for TFN Exemption

#### Street Address (not a PO Box)

Unit Number	Street Number	Street Name
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Suburb	State	Post Code
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Country of Birth

Are you a foreign resident for tax purposes?  
 No  
 Yes, please advise country of residence

Do you hold dual citizenship?  
 No  
 Yes, please advise which countries

### 2.3 Investor 2

Title	Given Name(s)	Surname
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Telephone Number (Including Country Code) (daytime)

Date of Birth (DDMMYY)	Tax File Number (TFN) – or exemption code
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Reason for TFN Exemption

#### Street Address (not a PO Box)

Unit Number	Street Number	Street Name
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Suburb	State	Post Code
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Country of Birth

Are you a foreign resident for tax purposes?  
 No  
 Yes, please advise country of residence

Do you hold dual citizenship?

- No  
 Yes, please advise which countries

**2.4 Sole Trader Details**

Business Name (if applicable, in full)

Australian Business Number (ABN) (if obtained)\*

Street Address

Suburb

State

Postcode

Country

**2.5 Signing Authority**

Please tick to indicate signing requirements for future instructions (e.g. withdrawals, change of account details, etc.)

- Only one investor required to sign  
 All investors must sign

\* See page 3 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs

**Section 3 – Partnerships**

Complete this section if you are investing for a partnership or as a partner.

**For AML requirements please refer to page 2.**

**3.1 General Information**

Full Name of Partnership

Registered Business Names of Partnership (if any)

Country where Partnership is established

Tax File Number (TFN) – or exemption code

Reason for TFN Exemption

**3.2 Type of Partnership**

Is the partnership regulated by a professional association?

- Yes, please provide details

Name of Association

Membership Details

- No, provide number of partners

**Partner 1**

Title Given Name (s)

Surname

Telephone Number (including Country Code) (daytime)

Date of Birth (DDMMYY)



Unit Street Number Street Name

Suburb

State

Postcode

Country

Country of Birth




**Partner 2**

Title Given Name (s)

Surname

Telephone Number (including Country Code) (daytime)

Date of Birth (DDMMYY)

Unit	Street Number	Street Name	Suburb	State
Postcode	Country	Country of Birth		

**Section 4 – Trust / Superannuation Fund**

*Complete this section if you are investing for a trust or superannuation fund.*  
**For AML requirements please refer to page 2.**

**4.1 General Information**

Full Name of Trust or Superannuation Fund

Full Name of Business (if any) Country where Trust established

Tax File Number (TFN) – or exemption code

Reason for TFN Exemption

**4.2 Trustee Details**

How many trustees are there?

**Individual** - at least one trustee must complete Section 2 of this form  
 **Company** - at least one trustee must complete Section 5 of this form  
 **Combination** - at least one trustee from each investor type must complete the relevant section of this form

**4.3 Type of Trust**

**Registered Managed Investment Scheme**  
 Australian Registered Scheme Number (ARSN)

**Regulated Trust** (including self managed superannuation funds)  
 Name of Regulator (e.g. ASIC, APRA, ATO)

Registration/License Details Australian Business Number (ABN)\*

**Other Trust** (also complete section 4.4)  
 Please Describe

**4.4 Beneficiaries**

Complete Section 4.4 and 4.5 only if you ticked 'Other Trust' in 4.3

**Does the Trust Deed name beneficiaries?**

**Yes**, how many?

Provide the full name of each beneficiary: (If more than 8, please provide as an attachment)

1	2
3	4
5	6
7	8

**No**, describe the class of beneficiary: (e.g. the name of the family group, class of unit holders, the charitable purpose of charity name)

\* See page 3 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs.

#### 4.5 Beneficial Owners

Please provide the **Full Name, Date of Birth** and **Residential Address** of any beneficial owner of the trust. A Beneficial owner of a trust is any individual who has a **25% or more interest** in the trust or **controls the trust**. This includes the **appointor** of the trust (who holds the power to appoint or remove the trustees of the trust), the **settlor** of any trust over \$10,000 upon establishment, and **beneficiaries with at least a 25% interest** in the trust. All beneficial owners will need to provide AML verification documents as per page 2. Please provide beneficial owners as an attachment if there is insufficient space below:


### Section 5 – Company / Corporate Trustee

Complete this section if you are investing for a company or where a company is acting as a trustee.

**For AML requirements please refer to page 2.**

#### 5.1 Company Type

- Australian Listed Public Company – complete 5.2
- Australian Proprietary Company or non-listed public company – complete 5.2 and 5.4
- Foreign Company – complete all sections

#### 5.2 Company Details

Company Name	ACN/ABN (if registered in Australia)

Tax File Number (TFN) – or exemption code

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Reason for TFN Exemption

Given Name(s) of Contact Person

Registered Street Address (Not PO Box)	Suburb

State	Post Code	Country

#### Principal place of business in Australia

**Note for non-Australian companies:** you must provide a local agent name and address if you do not have a principal place of business in Australia.

- Tick if the same as above, otherwise provide:

Registered Street Address (Not PO Box)	Suburb

State	Post Code

#### 5.3 Additional Details for non-Australian Company

- Tick if the company is registered with ASIC

Australian Registered Body Number (ARBN)

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- Tick if the company is registered with a regulatory body

Name of Regulatory Body	Company Identification Number Issued (if any)

Registered Company Address (Not PO Box)	Suburb

State	Post Code	Country

#### 5.4 Beneficial owner

**a. Managing Officials:** All proprietary or non-listed public domestic companies and foreign companies must provide the full name of each senior managing official/s of the company (such as the managing director or directors who are authorised to sign on the company's behalf):

1	2
3	4

If there are more than 4 directors please provide as an attachment.

**b. Shareholders: All proprietary or non-listed public domestic companies and foreign companies must provide details of each shareholder who owns directly, jointly or beneficially at least 25% of the company's issued capital.**

**Shareholder 1**

Full Name

Registered Street Address (Not PO Box)

Suburb

State

Post Code

Country

**Shareholder 2**

Full Name

Registered Street Address (Not PO Box)

Suburb

State

Post Code

Country

*If there are more than 2 shareholders that each have at least 25% of the company's issued capital, provide as an attachment.*

*\* See page 2 of the Application Form for terms and conditions relating to the collection of TFNs and ABNs.*

**Section 6 – Authorised representative or agent**

*Complete this section if you are completing this Application Form as an agent under a direct authority such as a Power of Attorney. You must also complete the section relevant to the investor/applicant that you are acting on behalf of.*

**For AML requirements please refer to page 2.**

**6.1 Appointment of Power of Attorney**

- I would like to appoint an authorised representative to operate on this account **OR**
- I am an agent under Power of Attorney or the investor's legal or nominated representative - complete 6.2

Full name of authorised representative / agent

Title of role held with applicant

Signature

**6.2 Power of Attorney Documentation**

You must attach a valid Power of Attorney.

- The document is an original or certified copy
- The document is signed by the applicant / investor
- The document is current and complete
- The document permits the attorney / agent (you) to transact on behalf of the applicant / investor

**Section 7 – Financial adviser**

*By completing this section you nominate the named adviser as your financial adviser for the purposes of your investment in the Fund. You also consent to give your financial adviser / authorised representative / agent access to your account information unless you indicate otherwise by ticking the box below.*

**For AML requirements please refer to page 2.**

**7.1 Financial adviser**

I am a financial adviser completing this application form as an authorised representative or agent.

Name of Adviser

AFSL Number

Dealer Group

Name of Advisory Firm

Postal Address

Suburb

State

Post Code

Country

Email Address of Advisory Firm (required)

Email Address of Adviser

Business Telephone

Facsimile



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**7.2 Financial Adviser Declaration**

- I/We hereby declare that I/we are not a US Person as defined in the PDS
- I/We hereby declare that the investor is not a US Person as defined in the PDS
- I have completed an appropriate customer identification procedure (CID) on this investor which meets the AML/CTF Act.

**AND EITHER**

- I have attached the relevant CID documents  
**OR**
- I have not attached the CID documents however I will retain them and agree to provide them to EQT on request. I also agree to forward these documents to EQT if I ever become unable to retain the documents.

I have provided personal financial advice to the investor(s) named in this Application taking into account their personal needs, objectives, financial and taxation situation (having regard to the nature and any complexities of this product), have complied with all requirements of the Corporations Act and applicable law in relation to this investment by the investor(s) and have provided the Investor with a statement of advice. If I cease being the financial advisor for the Investor I will notify the Administrator at that time.

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**Financial Adviser Signature**

**Date**

**7.3 Access to Information**

Unless you elect otherwise, your financial adviser will have access to your account information and will receive copies of all statements and transaction confirmations.

- Please tick this box if you **DO NOT** want your financial adviser to have access to information about your investment.
- Please tick this box if you **DO NOT** want copies of statements and transaction confirmations sent to your adviser.

**Section 8 – INVESTMENT INSTRUCTIONS (All investors MUST complete)**

**8.1 Contact Details**

Title	Given Name (s)	Surname
Home Telephone Number (including Country)		Date of Birth (DDMMYY)
Unit	Street Number	Street Name
		Suburb
		State
Postcode	Country	Mobile Telephone (including Country)
Email Address		
Business Telephone (including Country)		
Facsimile		

**8.2 Investment Details**

**India Avenue Equity Fund – Wholesale Class (APIR ETL0482AU)**

**Full name investment to be held in**

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**Investment Amount**

\$				,				,			.		
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*The minimum initial investment in the Fund is \$500'000*

**8.3 Distribution Instructions**

- Reinvest distributions**  
If you select this option your distributions will be reinvested in the Fund.
- Pay distributions to the bank account below (Australian investors only)**

**8.4 Investor Banking Details for Redemptions and Distributions (if applicable)**

Account name

Financial Institution

Branch (including Country)

BSB

Account Number

**8.5 Payment Method**

**Electronic Funds Transfer**

<b>Bank Name &amp; Address (including country)</b>	NATIONAL AUSTRALIA BANK LIMITED, 105 MILLER STREET, NORTH SYDNEY NSW 2060 AUSTRALIA
<b>Account Name</b>	INDIA AVENUE EQUITY FUND - APPLICATION ACCOUNT
<b>BIC/SWIFT</b>	NATAAU3303M
<b>BSB Number</b>	082401
<b>Account Number</b>	326800956
<b>Reference</b>	[Applicant(s) Name]

**8.6 Elections**

**Annual Financial Report**

The annual financial report for the Fund will be available on [www.eqt.com.au](http://www.eqt.com.au) from 30 September each year, however, if you would like a hard copy of the annual financial report sent to you please tick the box.

**Privacy**

Do you wish to receive marketing information from EQT or the Investment Manager (and EQT's related bodies corporate) about products and services that may be of interest to you? This information may be distributed by mail, email or other form of communication.

- Yes
- No

**8.7 Purpose of Investment and Source of Funds**

Please outline the purpose of investment (e.g. superannuation, portfolio investment, etc)

Please outline the source/s of initial funding and anticipated ongoing funding (e.g. salary, savings, business activity, financial investments, real estate, inheritance, gift, etc and expected level of funding activity or transactions)

**Section 9 – Foreign Account Tax Compliance Act (FATCA) (All Investors MUST complete)**

The US Foreign Tax Compliance Act (FATCA) requires us to collect certain information about each investor’s tax residency and tax classifications. In certain circumstances (including if the below section is not completed by you) we may be obliged to share information on your account with the Australian Tax Authorities. If you have any questions about your tax status, please contact your tax adviser.

**9.1 Individual and joint investors** (Company, Superannuation and other Trusts, Partnership etc please complete section 9.2)

**Investor 1**

PERMANENT TAX RESIDENCE ADDRESS. If your tax residence address is different from the registered address in Section 2, please complete the following:

For the attention of:

Address (Not PO Box)			Suburb	
State	Post Code	Country		

Are you a U.S. citizen or U.S. resident for tax purposes?

- No (go to section 10)
- Yes Please provide your US Taxpayer Identification Number (TIN): \_\_\_\_\_  
(please note that you may not be eligible to enter in the funds, in which case we will contact you).

**Investor 2**

PERMANENT TAX RESIDENCE ADDRESS. Should your tax residence address be different from the registered address in Section 1, please complete the following:

For the attention of:

Address (Not PO Box)			Suburb	
State	Post Code	Country		

Are you a U.S. citizen or U.S. resident for tax purposes?

- No (go to section 10)
- Yes Please provide your US Taxpayer Identification Number (TIN): \_\_\_\_\_  
(please note that you may not be eligible to enter in the funds, in which case we will contact you).

**9.2 Companies, Superannuation and other Trusts, Partnership (Entities)**

Please choose one of the following options:

- A **US Entity** (established under the laws of the US, or, for a trust, administered under the laws of the US)

Please provide the Entity’s US Taxpayer Identification Number (TIN): \_\_\_\_\_

Is the Entity an exempt payee for US tax purposes?  Yes  No

If the Entity is an exempt payee, provide its exemption code: \_\_\_\_\_

(please note that you may not be eligible to enter in the funds, in which case we will contact you).

- A **Foreign (Non- U.S.) Financial Institution-** you must choose one of the following sub-options
  - A Participating Foreign Financial Institution including a Model 1 Reporting Foreign Financial Institution):  
Provide the Entity’s Global Intermediary Identification Number (GIIN), if applicable:

GIIN
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If the Entity is a Financial Institution but does not have a GIIN, provide its FATCA Status:

- Deemed Compliant Financial Institution (includes Registered Deemed Compliant FFI)
- Exempt Beneficial Owner (includes Certified Deemed Compliant FFIs)
- Australian Regulated Superannuation Fund ( a type of Exempt Beneficial owner which includes Self-Managed Superannuation Funds and APRA regulated Superannuation Funds)
- Nonparticipating Financial Institution
- Other (please provide **specific status** as per US FATCA legislation) \_\_\_\_\_ )

**A Trustee Documented Trust**

Provide the Trustee's Global Intermediary Identification Number (GIIN), if applicable:

GIIN

*If you are not a Financial Institution, please confirm your FATCA status below:*

**Non-Financial Australian Public Listed Company, Corporate Australian Registered Charity, or Australian Government Body (Active Non-Financial entities for FATCA purposes)**

**Non-Financial Proprietary Company, Private Company, Unlisted Public Company, or other trust (Passive NFFE for FATCA purposes).**

If so, do you have any Controlling Person/s (including beneficial owners) who are US citizens or residents of the US for tax purposes?

- No  
 Yes

If yes, please provide details of any controlling individuals or entities below:

Full Name	Full Name
Date of Birth	Date of Birth
Full Residence Address	Full Residence Address
Details of controlling person's beneficial ownership (%)	Details of controlling person's beneficial ownership (%)
US TIN	US TIN

**Declaration and undertakings**

I undertake to advise the recipient promptly for FATCA self-certification where any of the information above changes.

*Please note that the Fund Administrator will review your self-certification in the context of the FATCA due diligence, and may have to request additional supporting documentation.*

**Key definitions for the FATCA section**

It is the responsibility of prospective investors to inform themselves as to the tax consequences to them of buying, holding, selling (or otherwise transferring) or redeeming shares under the laws of the country(ies) in which they are or may be taxable. These definitions are provided for your information only and you are encouraged to seek the assistance of an independent financial professional or tax adviser to facilitate the completion of this form.

A **Foreign Financial Institution** is a non-US entity (e.g. company, partnership or trust) that engages in one of the following:

- i) accepts deposits in the ordinary course of a banking or similar business (depository institution);
- ii) holds as a substantial portion of its business (equals or exceeds 20 percent of the entity's gross income) financial assets for the account of others (custodial institution);
- iii) is an investment entity including entities that trade in financial assets or that are investing, administering, managing funds, money, or certain financial assets on behalf of other persons

- iv) is an insurance company; or
- v) is an entity that is a holding company or treasury centre that is a part of a group that includes one of the above.

For further information regarding these definitions refer to <http://www.irs.gov/Businesses/Corporations/Information-for-Foreign-Financial-Institutions>

An **IGA** (Inter-Governmental Agreement) means an agreement between the US or the Treasury Department and a foreign government to implement FATCA through reporting by Financial Institutions to such foreign government (Model 1) or to the IRS (Model 2).

A **controlling person** is any individual who directly or indirectly exercises ultimate effective control over the entity. For a company, this includes beneficial owners controlling more than 25% of the shares in the company. For a Trust, this includes Trustees, Settlers, Protectors or Beneficiaries. For a partnership this includes any partners.

## Section 10 – DECLARATIONS (All Investors MUST complete)

### Applicant 1

Applicant Given Name(s)

Capacity

- Individual Signatory
- Director
- Executive Office
- Partner
- Sole Director / Secretary
- Authorised Signatory

Signature

Date

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Company Seal (if applicable)

### Applicant 2

Applicant Given Name(s)

Capacity

- Individual Signatory
- Director
- Executive Office
- Partner
- Sole Director / Secretary
- Authorised Signatory

Signature

Date

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Company Seal (if applicable)

### Application Checklist

- Have you completed all sections relevant to you (as set out in the introduction)?
- Have you nominated your financial adviser in section 7 (if applicable)?
- Have you provided certified copies of your identification documents or has your financial adviser completed this for you?
- Have you completed all other relevant details and SIGNED the Application Form?
- For New Zealand investors: Have you completed the separate New Zealand Wholesale Investor Certification?

If you can tick all of the boxes above, send the following:

- Completed Application Form;
- Certified copies of identification documents

by post to

**Fund BPO Pty Ltd**  
 Client Services Registry Team  
 GPO Box 4968  
 Sydney, NSW, 2001

For additional applications the duly completed Application Form (including details regarding your direct credit payment) may be mailed to the postal address above or faxed to +61 2 92513525.

## India Avenue Equity Fund – Wholesale Class

### Wholesale Investor Certification

(Clause 44 of Schedule 1 of the Financial Markets Conduct Act 2013 (FMCA))

#### Warning

The law normally requires people who offer financial products to give information to investors before they invest. This information is designed to help investors make an informed decision.

If you are a wholesale investor, the usual rules do not apply to offers of financial products made to you. As a result, you may not receive a complete and balanced set of information. You will also have fewer other legal protections for these investments.

Ask questions, read all documents carefully, and seek independent financial advice before committing yourself.

#### Offence

It is an offence to give a certificate knowing that it is false or misleading in a material particular. The offence has a penalty of a fine not exceeding \$50,000.

#### The Offer

Units in the India Avenue Equity fund – Wholesale Class ('the Fund') are offered and issued to investors by Equity Trustees Limited ('EQT'), with India Avenue Investment Management Australia Pty Limited appointed as the Investment Manager in respect of the Fund.

Offers of units in the Fund in New Zealand are limited to wholesale investors within the meaning of clause 3(2) of Schedule 1 of the Financial Markets Conduct Act 2013.

In order to access units in the Fund, please review the India Avenue Equity Fund – Wholesale Class product disclosure statement ('PDS') and New Zealand Wholesale Investor Fact Sheet, read this form, select the type(s) of wholesale investor criteria that apply to you, and complete the certification below.

If you have any queries in relation to the Fund, please contact EQT at 1300 555 378. Any queries in relation to your wholesale investor certification should be directed to Equity Trustees' Product Team at [productteam@eqt.com.au](mailto:productteam@eqt.com.au).

**The client identified below certifies that:**

- the client is a wholesale investor within the meaning of Schedule 1 of the FMCA, clause 3(2) (in relation to offers of financial products); and
- the client understands the consequences of being certified as a ‘wholesale investor’ in terms of the FMCA and has received the India Avenue Equity Fund – Wholesale Class New Zealand Wholesale Investor Fact Sheet and PDS.

The type of wholesale investor outlined in Schedule 1 that applies to the client is identified below, along with the grounds on which the client claims that they fall within the identified type.

Unless EQT agrees otherwise, by completing this form the client is certifying that every transaction on the account referred to below is carried out on its own behalf and not on behalf of any third party. Please contact EQT if you are acting on behalf of any third party.

*[Please select all types of wholesale investor below that are applicable by marking a ✓ or a ✗ in the relevant box(es). For each type that applies, please also select the relevant grounds on which the client is within the identified type].*

**The client is an investment business (clause 3(2)(a))**

Note: other than authorised financial advisers, this applies to entities, not individuals

Grounds for claiming the client is within this type:

- The client is an entity whose principal business consists of investing in financial products
- The client is an entity whose principal business consists of acting as an underwriter
- The client is an entity whose principal business consists of providing a financial adviser service within the meaning of section 9 of the Financial Advisers Act 2008) in relation to financial products
- The client is an entity whose principal business consists of providing a broking service (within the meaning of section 77B of the Financial Advisers Act 2008) in relation to financial products
- The client is an entity whose principal business consists of trading in financial products on behalf of other persons
- The client is a registered bank (within the meaning of section 2(1) of the Reserve Bank of New Zealand Act 1989)
- The client is a non-bank deposit taker (within the meaning of section 5 of the Non-bank Deposit Takers Act 2013)
- The client is a licensed insurer (within the meaning of section 6(1) of the Insurance (Prudential Supervision) Act 2010)
- The client is a manager of a registered scheme, or a discretionary investment management service, that holds a market services licence
- The client is a derivatives issuer that holds a market services licence
- The client is a QFE or an authorised financial adviser

**The client meets the investment activity criteria (clause 3(2)(b))**

Grounds for claiming the client is within this type:

- The client (including any entity that the client controls or controlled at the relevant time) owns, or at any time during the two-year period before the date of this certificate has owned, a portfolio of financial products (excluding category 2 products, interests in KiwiSaver or any other form of retirement scheme, or financial products issued by an associated person of the client) of a value of at least NZ\$1 million (in aggregate)
- The client (including any entity that the client controls or controlled at the relevant time) has, during the two-year period before the date of this certificate, carried out one or more transactions to acquire financial products (excluding category 2 products, interests in KiwiSaver or any other form of retirement scheme, or financial products issued by an associated person of the client) where the amount payable under those transactions (in aggregate) is at least NZ\$1 million, and the other parties to the transactions were not associated persons of the client
- The client is an individual who has, within the last 10 years before the date of this certificate, been employed or engaged in an investment business and has, for at least two years during that 10-year period, participated to a material extent in the investment decisions made by the investment business

**The client is large (clause 3(2)(c))**

Grounds for claiming the client is within this type:

- As at the last day of each of the two most recently completed financial years before the date of this certificate, the net assets of the client and any entities controlled by the client exceeded NZ\$5 million
- In each of the two most recently completed financial years before the date of this certificate, the total consolidated turnover of the client and any entities controlled by the client exceeded NZ\$5 million

**The client is a government agency (clause 3(2)(d))**

Grounds for claiming the client is within this type:

- The client is a government department named in Schedule 1 of the State Sector Act 1988
- The client is a Crown entity under section 7 of the Crown Entities Act 2004
- The client is a local authority
- The client is a State enterprise (within the meaning of section 2 of the State-Owned Enterprise Act 1986)
- The client is the Reserve Bank
- The client is the Board of Trustees of the National Provident Fund continued under the National Provident Fund Restructuring Act 1990 (or a company appointed under clause 3(1)(b) of Schedule 4 of that Act)



If the client is an entity, the client certifies that it was not established or acquired with a view to being used as an entity to which offers of financial products may be made in reliance upon this exclusion.

The client undertakes to provide EQT with any information it reasonably requests in order to support the certifications provided.

The client acknowledges that this certificate is provided to EQT and India Avenue Investment Management Australia Pty Limited for the purposes of determining the client's eligibility to be treated as a wholesale investor for the purposes of the FMCA, and that they will be reliant upon the certifications provided in offering financial products or services to the client (whether as part of the Fund or otherwise).

The client understands that this certificate is valid and may be relied upon by EQT and India Avenue Investment Management Australia Pty Limited for a period of two years following its date, unless earlier revoked.

Name of client: \_\_\_\_\_

Account number: \_\_\_\_\_

