



**MANAGED INVESTMENT ACCOUNT SERVICE
ARSN 164 487 389**

**QUANTARA PAN PACIFIC EQUITIES INVESTMENT
MANDATE APPLICATION FORM**

SECTION 1 - INVESTOR TYPE

WHAT TYPE OF INVESTOR ARE YOU? (PLEASE TICK APPROPRIATE BOX)

Individual	Go to Section 2(a)
Individual Joint	Go to Section 2(a), (b)
Company	Go to Section 2(c)
Trust / Superannuation Fund with Individual Trustees	Go to Section 2(d). Trustee(s) to complete 2(a), (b)
Trust / Superannuation Fund with Corporate Trustees	Go to Section 2(d). Trustee(s) to complete 2(a), (b)

QUOTATION OF TFN OR ABN

Quotation of your Tax File Number (TFN) or Australian Business Number (ABN) is not compulsory and will not affect your registration. However, if you do not provide this information we will be required to deduct tax from your distributions at the highest marginal rate. If exempt, please supply supporting documentation.

SECTION 2 - INVESTOR DETAILS

(A) INVESTOR 1 / INDIVIDUAL TRUSTEE 1 – DETAILS

Given Name(s)

Surname

Date of Birth (dd/mm/yyyy)

Tax File Number or Exemption Code (not required for Individual Trustee or Partner)

Country of Residence for Tax Purposes (if not Australia)

Residential Address (Unit No., Street No., Street Name; P.O. Box is NOT acceptable)

Suburb

State

Postcode

Primary Source of Income (Required for Interactive Brokers)

Business Salary Investment Retired Investments
Pension Other (please specify):

Employment Status

Retired Self Employed Employed Unemployed

Name of Employer	Occupation
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Employers Phone Number:	Employer's Business Activity
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Employers Address

(B) INVESTOR 2 / INDIVIDUAL TRUSTEE 2 DETAILS

Given Name(s)

Surname

Date of Birth (dd/mm/yyyy)

Tax File Number or Exemption Code (not required for Individual Trustee)

Country of Residence for Tax Purposes (if not Australia)

Residential Address (Unit No., Street No., Street Name, P.O. Box is NOT acceptable)

Suburb State Postcode

Primary Source of Income (Required for Interactive Brokers)

Business Salary Investment Retired Investments
Pension Other (please specify):

Employment Status

Retired Self Employed Employed Unemployed

Name of Employer	Occupation
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Employers Phone Number:	Employer's Business Activity
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Employers Address

(C) COMPANY

Full Company Name

Tax File Number or Exemption Code

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Country of Residence for Tax Purposes (if not Australia)

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Registration Number ACN, ABN, ARBN (if registered with ASIC) or other Registration Number

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Registration Body (ASIC or name of Foreign Registration Body)

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Name of Regulator (if licenced by an Australian Commonwealth, State or Territory statutory regulator (ie an Australian Credit Licensee)

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Licence details

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Australian companies and foreign companies registered with ASIC - Address of Registered Office in Australia (P.O. Box is NOT acceptable)

Australian companies and foreign companies registered with ASIC - address of principal place of Business in Australia if different from registered office address (P.O. Box is NOT acceptable) or full name and address of the ASIC registered foreign company's local Australia agent.

Suburb

State

Postcode

Primary Source of Income

- | | | | |
|----------|-------------------------|------------|---------------------|
| Business | Salary | Investment | Retired Investments |
| Pension | Other (please specify): | | |

Employment Status

- | | | | |
|---------|---------------|----------|------------|
| Retired | Self Employed | Employed | Unemployed |
|---------|---------------|----------|------------|

Business Activity

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If an Australian Company registration status with ASIC

Proprietary Company

Public Company

If a Foreign Company registration status with the relevant foreign registration body

Private Company

Public Company

Other – please specify

If a public listed company or a majority-owned subsidiary of a public listed company

Name of Market / Exchange

Listed Holding Company Name (if subsidiary)

If the company is an ASIC registered company and not listed on an exchange or a private company registered by a foreign registration body please list the name of each director of the company.

Insert Full Name of Each Director

If more than 4 directors, please complete on a separate page and attach to Application Form.

If the company is an ASIC registered company, not listed on an exchange and not regulated * or a private company registered by a foreign registration body please provide details for each Beneficial Owner having more than 25% of the company's issued share capital through direct or indirect shareholdings or those individuals who directly or indirectly control the company. If no such person can be identified please provide details of the most senior managing officials of the company.

* In this context regulated means subject to supervision beyond that provided by ASIC as a company registration body. Examples include Australian Financial Services Licensees, Australian Credit Licensees and Registrable Superannuation Licensees.

Beneficiary 1

Surname

Given Name(s)

Residential Address (PO Box is NOT acceptable)

Suburb

State

Postcode

Beneficiary 2

Surname

Given Name(s)

Residential Address (PO Box is NOT acceptable)

Suburb

State

Postcode

If more than two (2) Beneficiaries, please complete on a separate page and attach to this Application Form.

(D) TRUST DETAILS

Full Name of Trust

Country of Registration / Establishment

Country of Residence for Tax Purposes (if not Australia)

Trust Tax File Number or Exemption Code

Australian Business Number (if any)

Trustee Information

If Trustee is a Company, complete Section 2(c).

If Trustee is an individual, then individual Trustee 1 must complete Section 2(a), individual Trustee 2 must complete Section 2(b), if there are additional individual trustees then the information contained in Section 2(a) can be copied on a separate page and attached to this Client Registration Form.

Type of Trust

Registered Managed Investment Scheme

ARSN

Unregistered Managed Investment Scheme ABN

Regulated Trust (e.g. self managed super fund)

Name of Regulator (e.g. APRA, ATO)

ABN Number or Registration Details / Number

Government Superannuation Fund

Name of Legislation Establishing Fund

Foreign Superannuation Fund

Name of Regulator

Registration Details / Number

Any other type of Trust

Trust Description (e.g. Family, Unit Trust, Estate)

Beneficiary Details (only to be provided if 'Any Other Trust')

Do the terms of the trust identify the beneficiaries by reference to membership of a class?

Yes

Details of Membership of Class/es (e.g. Family Members of Named Person, Unit Holders)

No

Provide name of each beneficiary. If insufficient room, attach a separate sheet.

Primary Source of Income (Required for Interactive Brokers)

Business Salary Investment Retired Investments
Pension Other (please specify):

SECTION 3 – INVESTMENT AMOUNT

Amount of your initial investment

SECTION 4 – PRIMARY BANK ARRANGEMENTS

A bank account in the same name as the trading account must be specified. Any withdrawals requested will be paid to this nominated account. Any amendment to these details must be provided in writing and signed by an authorised officer(s) in the case of company or trust/fund accounts, by the signatory if an individual account, or all parties to a partnership account.

Bank Name

BSB

Account Name

Account Number

SECTION 5 – POLITICALLY EXPOSED PERSONS

"politically exposed person" means an individual who holds a prominent public position or function in a government body or an international organisation or who is an immediate family member or close associate of such a person".

Are you or any of the beneficial owners detailed on this form a politically exposed person or organisation for the purpose of any AML/CTF Law?

Yes No

If Yes, please provide details.

SECTION 6 – FOREIGN ACCOUNT TAX COMPLIANCE ACT AND COMMON REPORTING STANDARD SELF CERTIFICATION

Tax authorities require Primary Securities Ltd to collect and report certain information about an investor's tax residency status. Please complete the self certification form attached as Appendix 1 to this form.

SECTION 7 – ANTI MONEY LAUNDERING AND COUNTER-TERRORISM FINANCING LEGISLATION

In order to process your Application Form we must verify the customer identification information you provide to us on this Application Form. For joint investors, verification is necessary for each investor.

You can either send us a certified copy of the applicable document (s) with your application or come into our offices with the original documents(s). The documents you can provide are set out in the following table:

Type of Investor	Proof of Identity documents
<p>Individual:</p> <ul style="list-style-type: none"> • Acting for themselves • as a sole trader; • as an individual trustee of a trust <p>Note: for joint investors the necessary proof of identity is required for each investor</p>	<p>Both 'A' documents or One 'A' and one 'C' document or One 'B' and One 'C' document</p> <p>'A' documents:</p> <ul style="list-style-type: none"> • Current drivers licence; and • Passport (current within the preceding 2 years); <p>'B' documents:</p> <ul style="list-style-type: none"> • Birth certificate; • Citizenship certificate; or • Pension or health card from Centrelink. <p>'C' documents: (containing name and residential address)</p> <ul style="list-style-type: none"> • Notice from Commonwealth or State or Territory as evidence of entitlement to a financial benefit; • Notice of Australian Tax Office recording a debt; payable by or to ATO; • Utilities or local government body notice (within preceding 3 months) e.g. rates notice, phone, gas or electricity bill; • Statement from bank or building society (within last 3 months); • Household/motor insurance certificates (within the last 12 months).
<p>Company</p>	<ul style="list-style-type: none"> • A Company Statement or full Current Company Extract from ASIC or the relevant foreign registration body showing name of company, name of registration body, company identification number, type of company and officeholders' details; or • if regulated a record of regulated status via search of regulator's register ie RSE licence from APRA or AFSL from ASIC <p>All Officeholders and Beneficiaries must provide documents as above for individuals.</p>

Trustee	<ul style="list-style-type: none"> Trust Deed and Amending Trust Deed (if applicable) or extract of Trust Deed and amending Trust Deed (if applicable) identifying the Trustee, Settlor (unless settlor is deceased or settlor's contribution was under \$10,000), Beneficiaries and signature page and Bank Statement, utilities or local government body notice (within preceding 3 months) addressed to Trust. Trustee(s) who are individuals must provide the documents as above for individuals. Trustee(s) which are companies must provide the additional information as noted above. <p>All Beneficiaries must provide documents as above for individuals.</p>
Partnerships	Partners who are individuals must provide the document as above for individuals.

Documents can be certified as a true copy by any of the following:

- An Australian legal practitioner;
- A Justice of the Peace;
- A notary public;
- A police officer;
- An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- 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; or
- A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two (2) or more years of continuous membership.

Please contact us if you would like a more extensive list.

SECTION 8 - CONTACT DETAILS

(a) Investor Contact Details (Joint investors please include one set of contact details for all communications)

Contact Name

Postal Address (only if different from Section 2)

Suburb

State

Postcode

Telephone Number

Email Address

SECTION 9 - CORRESPONDENCE DETAILS

Contact Preference

Please indicate your preference for contact by ticking the appropriate box*.

Email

Mail

* If you choose email, please ensure an email address has been provided in Section 6. If no selection is made, email will be the default preference.

Annual Reports

If you would like us to send you a copy of the annual report for the Fund, please indicate below how you would like to receive it:

Email Mail

If no selection is made, annual reports will NOT be sent but you will be notified by email where they can be accessed.

SECTION 10 - DECLARATION AND SIGNATURE

I/We declare and agree that:

1. the details given in this Application Form are true and correct;
2. information will be collected and used in accordance with Primary Securities Ltd's privacy policy;
3. we have read and understood the current PDS to which this application relates and agree to be bound by the Trust Deed governing the Fund;
4. we are not aware of and have no reason to suspect that the moneys used to fund my investment have been or will be derived from or related to any money laundering, terrorism financing or similar illegal activities and that we will continue to comply with Australian anti money laundering and counter terrorism financing laws;
5. acknowledge that the Fund is subject to investment risks, which could include delays in repayment, and loss of income and capital invested and that no member of Primary Securities Ltd, or any of its agents guarantees the performance of the Fund or any particular rate of return.
6. by typing my signature and sending it via the Internet, I acknowledge that I have read the Product Disclosure Statement and understand all information provided during the application process; that I intend Primary Securities Ltd to rely upon it; that I intend to be bound thereby; and that I understand and agree that my electronic signature is the equivalent of a manual written signature.

If signed under power of attorney, the attorney encloses a certified copy of the power of attorney and declares that he/she has not received notice of revocation of that power. If the applicant is a company, two (2) directors or a director and secretary must sign, unless the company is a sole director company, in which case the sole director only must sign.

Signature 1:

Signature 2:

Tick capacity

Director Secretary Sole Director

Name:

Date

Tick capacity

Director Secretary Sole Director

Name:

Date

Appendix 1

**FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)
AND COMMON REPORTING STANDARD (CRS)
SELF CERTIFICATION FORM**

Tax authorities require Primary Securities to collect and report certain information about an investor's tax residency status.

If you are unable to complete this form please seek appropriate advice relating to the tax information required (as set out in the Automatic Exchange of Information Guidance published by the Australian Taxation office www.ato.gov.au)

1. INDIVIDUALS/JOINT APPLICANTS

Are any of the applicants a tax resident of any other country outside of Australia?

Yes No

If No go to section 5

1a Personal Details

If you are a joint account holder please attach a statement to this form containing the information required relating to the remaining applicants. All applicants must sign this form.

Name	Date, town and country of birth	If your residence address is NOT the same as the address in the client registration form please prove the residence address. Do not use a PO Box or in-care-of address

1b Jurisdiction of Tax Residency

Is the individual a US citizen or resident of the US for tax purposes?

Yes No

If yes please provide the individual's US taxpayer identification number (TIN)

Please indicate the individual's jurisdiction of tax residence (other than the US identified above). If a tax resident in more than one jurisdiction please include details for all jurisdictions.

Jurisdiction of Tax Residence (country)	Tax Identification Number (TIN) or Equivalent	Reason code if no TIN provided*

Reason A – the jurisdiction of the individual's tax residence does not issue TINs to its residents.

Reason B – the individual is otherwise unable to obtain a TIN or equivalent number. Please explain why the individual is unable to obtain a TIN in the below table.

Reason C – NO TIN is required (only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed)

Now go to section 5

2. ENTITIES

Is the applicant an Australian Retirement Fund (including an Australian Self Managed Superannuation) where the registered securityholder is NOT a Financial Institution?

Yes No

If yes go to section 5

2a Jurisdiction of Tax Residency

US applicants only – is the entity a Specified US Person for US tax purposes?

Yes No

If Yes please provide the applicant’s US taxpayer identification number (TIN)

[Empty text box for US taxpayer identification number (TIN)]

Please indicate the applicant’s jurisdiction of tax residence (other than the US identified above). If a tax resident in more than one jurisdiction please include details for all jurisdictions. If the applicant is a tax resident in Australia write Australia in the table below but do not provide the Australian Tax File number.

Jurisdiction of Tax Residence (country)	Tax Identification Number (TIN) or Equivalent	Reason code if no TIN provided*

*Reason A – the jurisdiction of the applicant’s tax residence does not issue TINs to its residents.

Reason B – the individual is otherwise unable to obtain a TIN or equivalent number. Please explain why the applicant is unable to obtain a TIN in the below table.

[Empty text box for explanation of Reason B]

Reason C – NO TIN is required (only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed)

Go to section 3 if the applicant is a Financial Institution or Section 4 if the applicant is not a Financial Institution

3. FINANCIAL INSTITUTIONS

3a. FATCA Status

Is the applicant a Financial Institution for the purposes of FATCA?

Yes No

If Yes please provide the information below and go to section 3b If No go to section 3b

Please provide the Financial Institution’s Global Intermediary Identification Number, or otherwise provide its FATCA status (exempt beneficial owner, deemed Compliant FFI, non participating FFI, excepted financial institution)

[Empty text box for FATCA status information]

If a Sponsored Financial Institution please provide the Sponsoring Entity's name and Global Intermediary Identification Number

Name	GIIN

If a Trustee Documented Trust please provide the Trustee's name and Global Intermediary Identification Number

Name	GIIN

3b CRS STATUS

Specify the type of Financial Institution below (reporting financial institution/non reporting financial institution).

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3c CRS STATUS

Are you an investment entity resident in a non participating jurisdiction for CRS purposes and managed by another Financial Institution

Yes No

If Yes go to section 4 If No go to section 5

4. CONTROLLING PERSONS

If the applicant is:

- a. for FATCA purposes a Passive NFFE; or
- b. for CRS purposes a Passive NFE or an investment entity managed by a financial institution with a tax residence in a non CRS jurisdiction.

please provide the information requested below for any of the applicant's controlling persons if the controlling person is a tax resident of any country outside of Australia.

A controlling person is:

- any natural person that exercises control over a corporation, including directors or beneficial owners who ultimately own 25% or more of the share capital.
- In respect of a trust, any natural person including the trustee, protector, beneficiary settlor or any other natural person exercising ultimate effective control over the trust.

Name	Date, town and country of birth	Residential Address	Jurisdiction of tax residence (country)	Tax Identification number or Equivalent	Reason code if no TIN provided*

If there are more than 3 controlling persons please list them on a separate piece of paper

*Reason A – the jurisdiction of the applicant's tax residence does not issue TINs to its residents.

Reason B – the applicant is otherwise unable to obtain a TIN or equivalent number. Please explain why the applicant is unable to obtain a TIN in the below table.

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Reason C – NO TIN is required (only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed)

5. DECLARATION AND SIGNATURE

By signing this self certification form you declare and agree:

- 1. that the information provided is true and correct.
- 2. that the information provided may be disclosed to the Australian Tax Office or any other government bodies, including bodies located overseas, to enable it to be reported and used in compliance with any FATCA or CRS regulations.
- 3. I/we will notify Primary Securities with any changes to the information provided by me/us and provide any further information reasonably required by Primary to comply with any obligation under the FATCA or CRS regulations within 30 days of such change in circumstances.

Signature 1:

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Signature 2:

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Date

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Date

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Tick capacity

Director Secretary Sole Director

Tick capacity

Director Secretary Sole Director