Investor Identification Form

Ventura investment management Limited ABN 49 092 375 258 AFS Licence Number (Ventura)



Important information

Ventura must comply with the Anti-Money Laundering and Counter-Terrorism Financing laws ('the AML Legislation'), which requires us to, among other things, establish your identity.

This form is provided to collect the necessary customer information as required by the AML Legislation to establish your identity. For your application to be processed by Ventura, you must ensure that this form as well as your application form is completed and forwarded to us.

By completing this investor identification form and providing us with information to establish your identity, you acknowledge and agree:

- this information will be used by Ventura to establish your identity for the purposes of the AML Legislation;
- Ventura will neither be responsible nor liable to you or any other person for any loss suffered where transactions are delayed, blocked, frozen or where Ventura declines to process a transaction or ceases to provide you with a product or service, in circumstances where Ventura is unable to establish your identity or where Ventura reasonably believes you are a Proscribed Person¹.

When completing this form

Depending on your investor type, Ventura may require supporting identification/verification documentation to establish your identity.

Where such identification/verification documentation is required, an originally certified copy is required. An abbreviated list of the various people that can certify documents is provided on the next page.

Will documents in a language other than English be accepted?

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above.

Which sections of this form apply to me?

The matrix below highlights the section of this form that are applicable to each investor type. Please ensure that you read the section applicable to you and where relevant attach an originally certified copy of the document before sending it to Ventura.

1. A 'Proscribed Person' means any person or entity who Ventura reasonably believes to be (i) in breach of the laws of any jurisdiction regarding economic or trade sanctions, or laws prohibiting money laundering or terrorism financing, or (ii) on a list of persons with whom dealings are proscribed by Australian laws or the laws of another recognised jurisdiction. A 'Proscribed Person' includes any person or entity who Ventura reasonably believes to act on behalf, or for the benefit of, a person or entity referred to in (i) and/or (ii).

Investor Type ²	Section A	Section B	Section C	Section D	Section E	Section F	Section G	Section H
Individual(s) & Sole Traders	~	~						
Trust Individual(s) acting as a Trustee(s) of a Trust or Superannuation Fund	•	>		•				
Domestic (Australian) Company	~		~					
Trust Domestic (Australian) Company acting as a Corporate Trustee of a Trust or Superannuation Fund	•		>	•				
Government Body	~				~			
Partnership	~					>		
Association	~						~	
Registered Co-operative	~							>
Foreign Company ³								
Foreign Company acting as a Corporate Trustee(s) of a Trust ³								

^{2.} Please see page 3 of this Investor Identification Form for a description of each investor type.

^{3.} Please contact us to request the Foreign Corporate Entity form. Email support@praemium.com.au.

Certifying AML documents

An originally certified copy is a copy of a document that has been certified as a true copy of an original document.

To obtain an originally certified copy, present the original AML document and a photocopy of that document to one of the people listed below. The person certifying the document will need to include the following information on the photocopy:

- "I certify that this is a true copy of the original document"; and
- the certifier's:
 - full name
 - occupation, qualification, position or registration number (if any), which makes them eligible to certify documents;
- the date the document was signed and the certifier's signature.

If this certification does not appear, you may be asked for new certified documents.

Who can certify AML documents

OCCUPATIONS

- A person who, under a law in force in an Australian State or Territory, is currently licensed or registered to practise in the following occupations:
 - Dentist
 - Legal practitioner
 - Medical practitioner
 - Pharmacist

OTHER PERSONS

- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- ➤ An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more years of continuous service with one or more licensees
- ▶ Bank officer with 2 or more continuous years of service
- Building society officer with 2 or more years of continuous service
- Credit union officer with 2 or more years of continuous service
- ▶ Employee of the Commonwealth who is:
 - in a country or place outside Australia; and
 - authorised under paragraph 3(c) of the Consular Fees Act 1955; and
 - exercising his or her function in that place
- Justice of the Peace
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Minister of religion registered under Subdivision A of Division
 1 of Part IV of the Marriage Act 1961
- Notary public
- 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
- Permanent employee of:
 - the Commonwealth or a Commonwealth authority; or
 - a State or Territory or a State or Territory authority; or
 - a local government authority;

with 2 or more years of continuous service

- Police officer
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution

What type of investor am I?

Type of investor	Description	
Individual(s) & Sole Traders	Investing in your personal capacity – that is, not as a company, trust, partnership, etc. This can include individuals investing on behalf of a person under the age of 18. Sole Trader describes a business that is owned and controlled by one person, although the business may employ people.	
Trust Individual(s) acting as a Trustee(s) of a Trust or Superannuation Fund	Investing in your personal capacity as a trustee on behalf of another. (In this case, the trustee is not a company) A trust will in most circumstances be established pursuant to a trust deed with the intention of holding income or property on behalf and for the benefit of another (who may or may not include the trustee). Trusts can include: Superannuation funds (including self managed superannuation funds) Family trusts Deceased estate Managed investment scheme (registered or unregistered) Charitable trust Testamentary trust	
Domestic (Australian) Company	Company incorporated in Australia, including:	
	Proprietary company (ending with 'Pty Ltd')	
	 Public company (ending with 'Ltd') Companies limited by guarantee (used primarily by non-profit organisations) Listed company (listed on a securities exchange in Australia such as the ASX) 	
	Listed company (tisted on a securities exchange in Australia such as the ASA)	
Trust Domestic (Australian) Company acting as a Trustee of a Trust or Superannuation Fund	Company incorporated in Australia, acting in the capacity of trustee on behalf of another (for example, ABC Pty Ltd as trustee for the XYZ self-managed superannuation fund). A trust will in most circumstances be established pursuant to a trust deed with the intention of holding income or property on behalf and for the benefit of another (who may or may not include the trustee). Trusts can include:	
	 Superannuation funds (including self managed superannuation funds) 	
	Family trusts Deceased estate	
	 Managed investment scheme (registered or unregistered) 	
	Charitable trustTestamentary trust	
Partnership	Formally established pursuant to a partnership agreement/deed. If you are investing 'jointly' (and not pursuant to a formal partnership agreement) then see 'Individual(s)' section above.	
Association	Incorporated Association is registered by the State or Territory in which the association is based.	
	Features include: Appointment of a public officer and committee	
	Profits, if any, can only be used to promote non-profit objectives	
	Unincorporated Association does not have a legal identity and cannot hold assets in its own name. It must appoint individuals as trustees, who own the assets but hold them for the benefit of the association.	
Registered Co-operative	Registered Co-operative is a democratic structure owned and controlled by the people it serves, who join together for a common benefit. It is a separate legal entity (registered under the relevant State or Territory legislation) with the general aim of providing services for its members rather than making profits.	
Government Body	Government Body is a legal entity that is owned or controlled by Federal, State or Local Government. Examples include Universities, Local Councils, and Statutory Agencies.	
Foreign Company ¹	Company incorporated in a foreign jurisdiction.	
Foreign Company acting as a Corporate Trustee(s) of a Trust ¹	Company incorporated in a foreign jurisdiction, acting in the capacity of a trustee on behalf of another. A trust will in most circumstances be established pursuant to a trust deed with the intention of holding income or property on behalf and for the benefit of another (who may or may not include the trustee).	
	Trusts can include: Family trusts	
	■ Deceased estate	
	 Managed investment scheme (registered or unregistered) Charitable trust 	
	■ Testamentary trust	
	Pension scheme/Retirement fund	

 $^{1. \} Please \ contact \ us \ to \ request \ the \ Foreign \ Corporate \ Entity \ form. \ Email \ support @praemium.com.au.$

Section A. Politically Exposed Person All investors must complete this section.

SECTION A1			
Are you or any of the beneficial owners a politically expo	sed person?		
Yes No	·		
A 'Politically exposed person' (PEP) is defined as an individual:			
(1) who holds a prominent public position or function in a government to Head of State or head of a country or government; or government minister or equivalent senior politician; or senior government official; or	estralia or a Supreme Court of a State or Territory, or a Judge enational organisation; or inparable influence to the Governor of the Reserve Bank of sioner; or inparable influence to the Governor of the Reserve Bank of sioner; or input other position that has comparable influence in, any State above paragraph, including:		
If YES, please identify which investor/beneficial owner is the politically exposed person and the type of politically exposed person:			
Full given name(s)	Full given name(s)		
Surname	Surname		
Domestic PEP Foreign PEP International Organisation PEP	Domestic PEP Foreign PEP International Organisation PEP		
Domestic PEP means a politically exposed person of an Australian government body.			
Foreign PEP means a politically exposed person of a government body of a foreign country.			
International organisation PEP means a politically exposed person of an international organisation.			

This is the end of Section A. Please submit this form together with the completed application form.

Section B. Individual(s), Sole Trader(s) and Individual(s) acting as a Trustee(s) of a Trust or Superannuation Fund

SECTION B1	
Individual (Investor 1/Trustee 1)	
Full given name(s)	Address details
	Residential street address (PO Box is not acceptable)
Surname	
Date of birth (dd/mm/yyyy)	
	Suburb
	State Postcode Country (if not Australia)
	Country (ii not Australia)
Individual (Investor 2/Trustee 2) if applicable	
Full given name(s)	Address details
	Residential street address (PO Box is not acceptable)
Surname	
Date of birth (dd/mm/yyyy)	
	Suburb
	State Postcode Country (if not Australia)
	estantly in nervice daily
Individual (Investor 3/Trustee 3) if applicable	
Full given name(s)	Address details
	Residential street address (PO Box is not acceptable)
Surname	
Date of birth (dd/mm/yyyy)	
	State Postcode
	Country (if not Australia)
	SSERIE (III TOC / MOST MING)
Individual(s) that are not sole trader(s) – This is the end of Section B. F	Please submit this form together with the completed application form.
Individual(s) acting as sole trader(s) – Proceed to Section B2.	
Individual(s) acting as a Trustee(s) - Proceed to Section D - Trusts or S	
or superannuation fund, please provide details on a separate sheet and	attach to this form.

SECTION B2	
COMPLETE THIS SECTION B2 IF INVESTOR 1 IS A SOLE TRADER. If more than one individual is a sole trader, please provide details on Full business name (if any)	a separate sheet for those individuals and attach to this form.
ABN (if any)	Principal place of business (if any)
ABN (ii dily)	Street address (PO Box is not acceptable) Suburb State Postcode Country (if not Australia)

This is the end of Section B. Please submit this form together with the completed application form.

Ventura will perform the verification procedure to establish your identity. However, if we cannot access the information to complete this procedure, we may ask you to provide us with further information set out below.

Part I - Acceptable primary ID documents

Select **ONE** valid option from this section only:

- Australian State/Territory driver's licence containing a photograph of the person
- Australian passport (a passport that has expired within the preceding 2 years is acceptable)
- Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
- Foreign passport or similar travel document containing a photograph and the signature of the person*

Part II - Acceptable secondary ID documents

Should only be presented if the individual does not own a document from Part I.

Select **ONE** valid option from this section:

- Australian birth certificate
- Australian citizenship certificate
- Pension card issued by Centrelink
- Health card issued by Centrelink

AND ONE valid option from this section:

▶ A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address

- ▶ A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. Block out the TFN before scanning, copying or storing this document.
- ▶ A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
- ▶ If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended the school

Part III - Acceptable foreign ID documents

Should only be presented if the individual $\underline{\text{does not}}$ own a document from Part I.

<u>BOTH</u> documents from this section must be presented:

- Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth*
- ► National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*
- * Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above.

Section C. Australian Company

If you are:

a) a Domestic (Australian) Company, complete this Section C; or

b) a Domestic (Australian) Company acting as a Corporate Trustee of a Trust/Superannuation Fund, complete this Section C as well as Section D.

SECTION C1		
GENERAL INFORMATION		
Full name as registered by ASIC		
ACN		
Principal place of business (if any)		Registered office address
Street address (PO Box is not acceptabl	le)	Street address (PO Box is not acceptable)
Suburb		Suburb
	stcode	State Postcode
Country (if not Australia)		Country (if not Australia)
REGULATORY/LISTING DETAILS Please select ✓ and provide ONE of the Regulated company (licensed by an Australian Commonwealth, State or Territory statutory regulator) Australian listed company Majority-owned subsidiary of an Australian listed company	following (if applicable): Regulator name Licence details Name of market/exchange Australian listed company name Name of market/exchange	
None of the above Please go to Section C3		
SECTION C3		
COMPANY TYPE		
Please select ✔ and provide ONE of the	following:	
Proprietary ("Pty Ltd") – please provide details (in Section C4) and the sharehous Section C5) if applicable		Public – no further information is required. Please submit this form together with the completed application form. If you are a Public Company acting as Corporate Trustee, Proceed to Section D. – Trusts or Superapputation Funds

SECTION C4	
DIRECTOR(S) (only needs to be completed for proprietary companies)	
This section does NOT need to be completed for public and listed compani	es.
How many directors are there?	director.
Director 1	
Full given name(s)	Address details of Director 1
Surname	Residential street address (PO Box is not acceptable)
Surname	I
Date of birth (dd/mm/yyyy)	I
/ /	Suburb
	State Postcode
	Country (if not Australia)
Director 2	
Full given name(s)	Address details of Director 2
Surname	Residential street address (PO Box is not acceptable)
Date of birth (dd/mm/yyyy)	
	Suburb
	State Postcode
	Country (if not Australia)
Director 3	
Full given name(s)	Address details of Director 3
Tutt given name(s)	Residential street address (PO Box is not acceptable)
Surname	residential street address (i o box is not deceptable)
Date of birth (dd/mm/yyyy)	
	Suburb
	State Postcode
	Country (if not Australia)
Director 4	
Full given name(s)	Address details of Director 4
	Residential street address (PO Box is not acceptable)
Surname	
Date of birth (dd/mm/yyyy)	
	Suburb
	State Postcode
	Country (if not Australia)
If there are more directors, provide details on a separate sheet and attache	ed to this form.
Regulated company (as selected in Section C2) - no further information is	
Regulated company (as selected in Section C2) acting as a Corporate Trus	stee - Proceed to Section D - Trusts or Superannuation Funds.
Proprietary company that is not regulated – please provide Shareholder d	etails in Section C5.
Proprietary company that is not regulated and acting as a Corporate Trus to Section D.	tee – Please provide shareholder details in Section C5 and then proceed

SECTION C5	
SHAREHOLDERS (only needs to be completed for proprietary companion	es that are not regulated companies as selected in Section C2).
Provide details of ALL individuals who are beneficial owners through one of	or more shareholdings of more than 25% of the company's issued capital.
	of more shareholdings of more than 25% of the company 3 issued capital.
Shareholder 1 Full given name(s)	Address details of Shareholder 1
rutt given name(s)	Residential street address (PO Box is not acceptable)
Surname	Testaeritat street address (FO BOX is not deceptable)
	Suburb
	State Postcode
	Country (if not Australia)
Shareholder 2	
Full given name(s)	Address details of Shareholder 2
	Residential street address (PO Box is not acceptable)
Surname	
	Corbonib
	State Postcode
	Country (if not Australia)
Shareholder 3	
Full given name(s)	Address details of Shareholder 3
Surname	Residential street address (PO Box is not acceptable)
Surfame	
	Suburb
	State Postcode
	Country (if not Australia)

This is the end of Section C. Please submit this form together with the completed application form. If you are a Domestic (Australian) Company acting as a Corporate Trustee of a Trust or Superannuation Fund, also complete and submit Section D.

Ventura will perform the verification procedure to establish your identity. However, if we cannot access the information to complete this procedure, we may ask you to provide us with further information.

Section D. Trusts or Superannuation Funds

If you are:

- a) an Individual(s) acting as a Trustee(s) of a Trust or Superannuation Fund, complete this Section D as well as Section B.
- b) a Domestic (Australian) Company acting as a Corporate Trustee of a Trust or Superannuation Fund, complete this Section D as well as Section C.

ull business name (if any)		
ountry where Trust estab	lished	
ECTION D2		
/PE OF TRUST .ease select ✓ ONE of the	e following and provide the detail requested:	
Regulated trust	Provide name of the regulator (e.g. ASIC, APRA)	
	Provide the trust's ABN or registration/licensing details	Please submit this Section D together with the completed application form. If you are: an Individual acting as
Government superannuation fund	Provide name of the legislation establishing the fund	Trustee of a Trust or Superannuation Fund, also complete and submit Section B; OR
Registered managed investment scheme	Provide Australian Registered Scheme Number (ARSN)	 a Domestic (Australian) Company acting as a Corporate Trustee of a Truor Superannuation Fund, also complete and submit
Other trust type (e.g. Self Managed Superannuation Fund)	Please specify Trust description (e.g. family discretionary or unit trust, testamentary trust, charitable, estate, SMSF)	Section C.
	Provide the trust's ABN or registration/licensing details (if any).	
	Provide full name of Settlor (unless the material asset contribution to the trust by the settlor at the time the trust is established is less than \$10,000 or the settlor is deceased). Full given name(s)	Complete Section D3 and D4 and provide the documents requested on page 12 of this Investor Identification Form.
	Surname	

BENEFICIARY DETAILS Provide beneficiary details only if "Other trust type" is selected in Section Do NOT complete if the trust is a regulated trust, government superannum Do the terms of the trust identify the beneficiaries by reference to memory Yes Provide details of the membership class(es) (e.g. unit holders, family members of a named person, charitable	uation fund or a registered managed investment scheme.
Do NOT complete if the trust is a regulated trust, government superannounce of the trust identify the beneficiaries by reference to memory Yes Provide details of the membership class(es) (e.g. unit	uation fund or a registered managed investment scheme.
Do NOT complete if the trust is a regulated trust, government superannounce of the trust identify the beneficiaries by reference to memory Yes Provide details of the membership class(es) (e.g. unit	uation fund or a registered managed investment scheme.
Yes Provide details of the membership class(es) (e.g. unit	phorphin of a class?
Yes Provide details of the membership class(es) (e.g. unit	IDELSHID OF a Class?
motacio, rannity internibero of a martica personi, charitable	
purpose)	
No How many beneficiaries are there?	Go to Section D4
Provide details of each beneficiaries below.	
Danafiaiam, 1	
Beneficiary 1	
Full given name(s)	Address details of Beneficiary 1
	Residential street address (PO Box is not acceptable)
Surname	
Date of birth (dd/mm/yyyy)	
Jace of Birth (dd/mm/yyyy)	
	Suburb
	State Postcode
	Country (if not Australia)
Beneficiary 2	
Full given name(s)	Address details of Beneficiary 2
	Residential street address (PO Box is not acceptable)
Surnama	Tresidential street address (Fo Box is not deceptable)
Surname	
Date of birth (dd/mm/yyyy)	
	Suburb
	State Postcode
	Country (if not Australia)
	Country (If flot Australia)
Beneficiary 3	
Full given name(s)	Address details of Popolisians 2
rutt given name(s)	Address details of Beneficiary 3
	Residential street address (PO Box is not acceptable)
Surname	
Date of birth (dd/mm/yyyy)	
	Suburb
, ,	
	State Postcode
	Country (if not Australia)
Beneficiary 4	
Full given name(s)	Address details of Beneficiary 4
	Residential street address (PO Box is not acceptable)
Surname	
Date of hinth (dd/ssec/ssec)	
Date of birth (dd/mm/yyyy)	
	Suburb
	State Postcode
	Country (if not Australia)
	·

	full name and address of all trustees below unless this information has already
been pi Trustee 1	rovided for all trustees in Section B or Section C. Residential address if an individual trustee OR company registere
Full given name(s) or Company name	office address (PO Box is NOT acceptable)
3·····	
urname	
	Suburb
	State Postcode
	Country (if not Australia)
Trustee 2	Residential address if an individual trustee OR company registere
Full given name(s) or Company name	office address (PO Box is NOT acceptable)
Gurname	
	Suburb
	State Postcode
	State Postcode Country (if not Australia)
Full given name(s) or Company name	State Postcode Country (if not Australia) Residential address if an individual trustee OR company registere
Trustee 3 Full given name(s) or Company name Surname	State Postcode Country (if not Australia) Residential address if an individual trustee OR company registere
Full given name(s) or Company name	State Postcode Country (if not Australia) Residential address if an individual trustee OR company registere office address (PO Box is NOT acceptable)
Full given name(s) or Company name	State Postcode Country (if not Australia) Residential address if an individual trustee OR company registers office address (PO Box is NOT acceptable) Suburb
Full given name(s) or Company name	State Postcode Country (if not Australia) Residential address if an individual trustee OR company registere office address (PO Box is NOT acceptable) Suburb State Postcode Country (if not Australia)
Full given name(s) or Company name Surname Frustee 4	State Postcode Country (if not Australia) Residential address if an individual trustee OR company registers office address (PO Box is NOT acceptable) Suburb State Postcode Country (if not Australia)
Full given name(s) or Company name Surname Frustee 4	State Postcode Country (if not Australia) Residential address if an individual trustee OR company registere office address (PO Box is NOT acceptable) Suburb State Postcode Country (if not Australia) Residential address if an individual trustee OR company registered
Full given name(s) or Company name Furname Full given name(s) or Company name	State Postcode Country (if not Australia) Residential address if an individual trustee OR company registere office address (PO Box is NOT acceptable) Suburb State Postcode Country (if not Australia) Residential address if an individual trustee OR company registered
Full given name(s) or Company name Surname Frustee 4 Full given name(s) or Company name	State Postcode Country (if not Australia) Residential address if an individual trustee OR company registere office address (PO Box is NOT acceptable) Suburb State Postcode Country (if not Australia) Residential address if an individual trustee OR company registered
Full given name(s) or Company name Surname	State Postcode Country (if not Australia) Residential address if an individual trustee OR company registere office address (PO Box is NOT acceptable) Suburb State Postcode Country (if not Australia) Residential address if an individual trustee OR company registered
Full given name(s) or Company name Surname Frustee 4 Full given name(s) or Company name	State Postcode Country (if not Australia) Residential address if an individual trustee OR company registere office address (PO Box is NOT acceptable) Suburb State Postcode Country (if not Australia) Residential address if an individual trustee OR company registere office address (PO Box is NOT acceptable) Suburb State Postcode

This is the end of Section D. Please submit this form, together with the completed application form. If you are:

- ▶ an Individual acting as Trustee of a Trust or Superannuation Fund, also complete and submit Section B; OR
- a Domestic (Australian) Company acting as a Corporate Trustee of a Trust or Superannuation Fund, also complete and submit Section C.

Section E. Government Body

CECTION E4	•	
SECTION E1		
GENERAL INFORMATION		
Full name of Government Bod	у	
Principal place of operations		
Street address (PO Box is not	t acceptable)	
Suburb		
State	Postcode	
Country		
SECTION E2		
GOVERNMENT INFORMATION		
		and provide the information requested.
Commonwealth of Australi		
Commonweatth of Austrati	a covernment body	Please specify the State or Territory
Australian State or Territor	ry Government Body	
		Please specify Foreign Country
Foreign Country Governme	ent Body	

This is the end of Section E. Please submit this form together with the completed application form. Ventura will perform the verification procedure to establish your identity. However, if we cannot access the information to complete this procedure, we may ask you to provide us with further information.

Section F. Partnerships

CECTION E1	
SECTION F1	
GENERAL INFORMATION	
Full name of Partnership	
Registered business name of Partnership (if any)	
Country where Partnership established	
SECTION F2	
TYPE OF PARTNERSHIP	
Please select ✔ only ONE of the following partnership types and provide	de the information requested.
Is the partnership regulated by a professional association?	
Yes	No No
Provide the name of the association	How many partners are there?
	If you selected No, go to Section F3 and provide the details for <u>all</u>
Provide membership details (eg membership number)	partners.

SECTION F3	
PARTNERSHIP DETAILS If the partnership IS regulated by a professional association (as sel If the partnership is NOT regulated by a professional association (as of the partnership.	
Partner 1	
Full given name(s)	Address details of Partner 1
	Residential street address (PO Box is not acceptable)
Surname	
Date of birth	
/ /	Suburb
	State Postcode
	Country (if not Australia)
Partner 2	
	Address details of Partner 2
Full given name(s)]
Surname	Residential street address (PO Box is not acceptable)
	1
Date of birth (dd/mm/yyyy)	
/ /	Suburb
1 1	State Postcode
	Country (if not Australia)
	outing (in not reastrate)
Partner 3	
Full given name(s)	Address details of Partner 3
	Residential street address (PO Box is not acceptable)
Surname	,
Date of birth (dd/mm/yyyy)	
	Suburb
	State Postcode
	Country (if not Australia)
If the partnership is NOT regulated by a professional association and the attach to this form. Please read "Partnership verification procedure" below and provide upon the second secon	here are more than three partners, provide details on a separate sheet and us with the documents requested.
Partnership verification procedure.	
You will need to provide us with one document from Part I and association) as shown below (please 🗸).	one form Part II (if the partnership is regulated by a professional
Part I – Acceptable ID documents (to verify partnership name)	
An original, a certified copy or certified extract of the partners. A certified copy or a certified extract of minutes of a partners. An original current membership certificate (or equivalent) of a Membership details independently sourced from the relevant. A search of the relevant ASIC or other regulator's database. A notice issued by the Australian Taxation Office within the last scanning, copying or storing this document. An original or certified copy or a certificate of registration of be Australia.	hip meeting a professional association professional association st 12 months eg Notice of Assessment. Block out the TFN before
Part II – Acceptable ID documents (to verify membership of a pr	ofessional association)
 An original current membership certificate (or equivalent) Membership details independently sourced from the relevant 	

This is the end of Section F. Please submit this form together with the completed application form.

Section G. Associations

SECTION G1	
GENERAL INFORMATION	
Full name of Association	
Provide an ID number issued on incorporation (e.g. An ACN) (if any)	
, , , , , , , , , , , , , , , , , , ,	
Details of the following (or equivalent in each case):	
1. Chairman Full given name(s)	Address details of Chairman
Tutt given name(s)	Residential street address (PO Box is not acceptable)
Surname	Testaeritiat sit eet address (i o box is not aeceptable)
Date of birth (dd/mm/yyyy)	
	Suburb
	State Postcode
	Country (if not Australia)
2. Secretary Full given name(s)	Address details of Secretary
	Residential street address (PO Box is not acceptable)
Surname	
Date of birth (dd/mm/yyyy)	
	Suburb
	State Postcode
	Country (if not Australia)
0.7	
3. Treasurer Full given name(s)	Address details of Treasurer
	Residential street address (PO Box is not acceptable)
Surname	
Date of birth (dd/mm/yyyy)	
/ /	Suburb
	State Postcode
	Country (if not Australia)
SECTION G2	
ASSOCIATION TYPE	
Please select ✓ ONE of the following:	
☐ Incorporated Association – please proceed to Section G3	
Unincorporated Association – please proceed to Section G4	

Principal place of administration	Registered office
eet address (PO Box is not acceptable)	Street address (PO Box is not acceptable)
te Postcode	Suburb State Postcode
untry	Country
·	
	esident/secretary/treasurer if there is no public officer)
given name(s) or officer (if applicable)	Characteristics (DO Donice action 1991)
	Street address (PO Box is not acceptable)
ame	
tion	
	Suburb
	State Postcode
	You do not need to complete Section G4.
CTION G4 CORPORATED ASSOCIATION	,
COTION G4 CORPORATED ASSOCIATION ncipal place of administration	You do not need to complete Section G4. Individual Member Identification Procedure
CTION G4 CORPORATED ASSOCIATION Incipal place of administration	You do not need to complete Section G4. Individual Member Identification Procedure
CTION G4 CORPORATED ASSOCIATION Incipal place of administration	You do not need to complete Section G4. Individual Member Identification Procedure Details of the member who is signing on behalf of the Association.
CTION G4 CORPORATED ASSOCIATION Incipal place of administration	You do not need to complete Section G4. Individual Member Identification Procedure Details of the member who is signing on behalf of the Association.
CTION G4 CORPORATED ASSOCIATION Incipal place of administration Itreet address (PO Box is not acceptable)	You do not need to complete Section G4. Individual Member Identification Procedure Details of the member who is signing on behalf of the Association. Surname Full given names
CTION G4 CORPORATED ASSOCIATION Incipal place of administration Itreet address (PO Box is not acceptable)	You do not need to complete Section G4. Individual Member Identification Procedure Details of the member who is signing on behalf of the Association. Surname
CTION G4 CORPORATED ASSOCIATION Incipal place of administration Itreet address (PO Box is not acceptable) Juburb Itate Postcode	You do not need to complete Section G4. Individual Member Identification Procedure Details of the member who is signing on behalf of the Association. Surname Full given names
CTION G4 CORPORATED ASSOCIATION Incipal place of administration Circuit address (PO Box is not acceptable) Cuburb Circuit address (PO Box is not acceptable)	You do not need to complete Section G4. Individual Member Identification Procedure Details of the member who is signing on behalf of the Association. Surname Full given names
CTION G4 CORPORATED ASSOCIATION Incipal place of administration Circuit address (PO Box is not acceptable) Cuburb Circuit address (PO Box is not acceptable)	You do not need to complete Section G4. Individual Member Identification Procedure Details of the member who is signing on behalf of the Association. Surname Full given names Date of birth (dd/mm/yyyy)
CTION G4 CORPORATED ASSOCIATION Incipal place of administration Itreet address (PO Box is not acceptable) Juburb Itate Postcode	You do not need to complete Section G4. Individual Member Identification Procedure Details of the member who is signing on behalf of the Association. Surname Full given names Date of birth (dd/mm/yyyy) / / Residential address
CTION G4 CORPORATED ASSOCIATION Incipal place of administration Itreet address (PO Box is not acceptable) Suburb Itate Postcode	You do not need to complete Section G4. Individual Member Identification Procedure Details of the member who is signing on behalf of the Association. Surname Full given names Date of birth [dd/mm/yyyy] // Residential address
CTION G4 CORPORATED ASSOCIATION Incipal place of administration Itreet address (PO Box is not acceptable) Suburb Itate Postcode	You do not need to complete Section G4. Individual Member Identification Procedure Details of the member who is signing on behalf of the Association. Surname Full given names Date of birth (dd/mm/yyyy) // Residential address Street address (PO Box is not acceptable)
CORPORATED ASSOCIATION incipal place of administration Street address (PO Box is not acceptable) Suburb State Postcode	You do not need to complete Section G4. Individual Member Identification Procedure Details of the member who is signing on behalf of the Association. Surname Full given names Date of birth (dd/mm/yyyy) // Residential address Street address (PO Box is not acceptable) Suburb
ease read "Association verification procedure" below. \ ECTION G4 CORPORATED ASSOCIATION rincipal place of administration Street address (PO Box is not acceptable) Guburb State Postcode Country	You do not need to complete Section G4. Individual Member Identification Procedure Details of the member who is signing on behalf of the Association. Surname Full given names Date of birth (dd/mm/yyyy) // Residential address Street address (PO Box is not acceptable)

Association verification procedure

If you are an "Incorporated Association" (as selected in Section G2 of this form), Ventura will perform the Association verification procedure. However, if we cannot access the information to complete this procedure you will need to provide us with an originally certified copy or certified extract of the Constitution or Rules of the association.

If you are an "Unincorporated Association" (as selected in Section G2 of this form), you will need to provide us with an originally certified copy or certified extract of the Constitution or Rules of the association for Ventura to perform the Association verification procedure.

This is the end of Section G. Please submit this form together with the completed application form.

Section H. Registered Co-operative

ENERAL INFORMATION ull name of registered co-operative	
utt name of registered co-operative	
rovide ID number issued by relevant registration body (i	if anyl
etails of the following (or equivalent in each case):	
. Chairman	Address details of Chairman
ull given name(s)	Address details of Chairman
	Residential street address (PO Box is not acceptable)
urname	
Data of Linkh (dd/mm//mm)	
Oate of birth (dd/mm/yyyy)	Cuburb
1 1	Suburb
	State Postcode
	Country (if not Australia)
Secretary	Country (if not Australia)
	Address details of Secretary
ull given name(s)	
ull given name(s)	Address details of Secretary
ull given name(s)	Address details of Secretary
2. Secretary Full given name(s) Surname Date of birth (dd/mm/yyyy)	Address details of Secretary
Full given name(s) Surname	Address details of Secretary Residential street address (PO Box is not acceptable)
ull given name(s) urname	Address details of Secretary Residential street address (PO Box is not acceptable) Suburb State Postcode
Full given name(s) Surname	Address details of Secretary Residential street address (PO Box is not acceptable) Suburb
Surname Date of birth (dd/mm/yyyy) / /	Address details of Secretary Residential street address (PO Box is not acceptable) Suburb State Postcode
ull given name(s)	Address details of Secretary Residential street address (PO Box is not acceptable) Suburb State Postcode
urname late of birth (dd/mm/yyyy) / / / Treasurer	Address details of Secretary Residential street address (PO Box is not acceptable) Suburb State Postcode Country (if not Australia)
Juli given name(s) Jurname Jate of birth (dd/mm/yyyy) / / / S. Treasurer	Address details of Secretary Residential street address (PO Box is not acceptable) Suburb State Postcode Country (if not Australia) Address details of Treasurer
Juli given name(s) Jurname Jate of birth (dd/mm/yyyy) / / J. Treasurer Juli given name(s)	Address details of Secretary Residential street address (PO Box is not acceptable) Suburb State Postcode Country (if not Australia) Address details of Treasurer
urname ate of birth (dd/mm/yyyy) / / . Treasurer ull given name(s) urname	Address details of Secretary Residential street address (PO Box is not acceptable) Suburb State Postcode Country (if not Australia) Address details of Treasurer
urname ate of birth (dd/mm/yyyy) / / . Treasurer ull given name(s) urname	Address details of Secretary Residential street address (PO Box is not acceptable) Suburb State Postcode Country (if not Australia) Address details of Treasurer
Juli given name(s) Jurname Jate of birth (dd/mm/yyyy) / / J. Treasurer Juli given name(s) Jurname Jurname Jurname	Address details of Secretary Residential street address (PO Box is not acceptable) Suburb State Postcode Country (if not Australia) Address details of Treasurer Residential street address (PO Box is not acceptable)

ADDRESS INFORMATION Please select ✓ and provide details for ONE of the following	three options:
Principal place of operations	Registered office
Street address (PO Box is not acceptable)	Street address (PO Box is not acceptable)
Suburb	Suburb
State Postcode Country (if not Australia)	State Postcode Country (if not Australia)
Name & Pecidential address of the public officer for preci	dent corretary or treasurer if there is no public officer
Name & Residential address of the public officer (or presi	dent, secretary or treasurer if there is no public officer)
	dent, secretary or treasurer if there is no public officer) Street address (PO Box is not acceptable)
Full given name(s) or officer (if applicable)	
Full given name(s) or officer (if applicable)	
Full given name(s) or officer (if applicable) Surname	Street address (PO Box is not acceptable)
Full given name(s) or officer (if applicable) Surname	
Name & Residential address of the public officer (or presi Full given name(s) or officer (if applicable) Surname	Street address (PO Box is not acceptable)

Registered Co-operative identification procedure

Ventura will perform the Registered Co-operative identification procedure. However, if we cannot access the information to complete this procedure you will need to provide us with an originally certified copy or certified extract of the register maintained by the co-operative.

 $This is the end of Section \ H. \ Please \ submit this form \ together \ with \ the \ completed \ application \ form.$