

Professional Investor Declaration

PLEASE COMPLETE THIS FORM USING BLOCK LETTERS AND BLACK OR BLUE PEN

A. CLIENT DETAILS

Account Name	<input type="text"/>		
Designation <	<input type="text"/>	> Account	
Account Number	<input type="text"/>		

B. CLIENT ADDRESS

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

C. DECLARATION

The Client represents to Shaw and Partners Limited that they are a Professional Investor by reason of the fact that they are:

(Please tick the appropriate category)

- (i) A financial services licensee acting as principal.
- (ii) A body regulated by APRA other than a trustee of a regulated superannuation fund, an approved deposit fund, a pooled superannuation trust, or a public sector superannuation scheme within the meaning of the Superannuation Industry (Supervision) Act 1993.
- (iii) A body registered under the Financial Corporations Act 1974.
- (iv) A trustee of a superannuation fund, an approved deposit fund, a pooled superannuation trust, or a public sector superannuation scheme within the meaning of the Superannuation Industry (Supervision) Act 1993 and the fund has assets of at least \$10 million.
- (v) A person that controls at least \$10 million (including any assets held by an associate or under a trust that the person manages).
- (vi) A foreign entity that, if established or incorporated in Australia, would be covered by one of the preceding paragraphs, (i) to (v) and indicate which one.

These terms have the same meaning as in the Corporations Act. The Client will immediately telephone Shaw's Compliance Department on +61 2 9238 1238 should the Client cease to be a Professional Investor.

D. CLIENT SIGNATURE

Name of Individual 1/Director/Sole Director/
Company Secretary

Signature

*

Executed on

DD / MM / YYYY

Name of Individual 2/Director/Company
Secretary

Signature

*

Name of Individual 3/Director

Signature

*

TO BE COMPLETED BY SHAW

Client A/C Number

Advisor Code

Shaw Signature

Date Entered