

IMPORTANT NOTICE:

IMPORTANT NOTICE: 1. There is a Disclosure Document (being the Prospectus referred to in this Investment Application Form) with information about investing in Secured Notes of Anglesey Secured Investments Ltd. 2. It is advisable to read the Prospectus before applying for the Secured Note. 3. A person who gives another person access to this Investment Application Form must at the same time and by the same means give the other person access to the Prospectus and any supplementary document. Please Note: Whilst the Prospectus is current Anglesey Secured Investments Limited will send paper copies of the Prospectus, any supplementary document and this application form on request without charge.

START HERE \rightarrow		
Please Select:		
	Individual(s)	\rightarrow Complete Part A,B,E,F and G
	Individual(s) Under 16	ightarrow Complete Part A,B,E,F and G
	Company	ightarrow Complete Part A,C,E,F and G
	Trust / Superannuation Fund	ightarrow Complete Part A,D,E,F and G
PART A: Accour	nt Contact Details	
	ons for Individuals under 16 please complete this section attach another copy of this page with their details	with the signing parent or guardian's details. If more than one parent or
Account Contact F	Person	
Title	Given Name(s)	Surname
Work Phone		Home Phone
Mobile		Email
Account Postal Ad	ldress	Account Residential Address
Street address		Street address
Town		Town
State	Postcode	Postcode Postcode
PART B: Individ	ual(s) Details	
Applicant 1		
Title	Given Name(s)	Surname
Date of Birth		TFN or exemption
Applicant 1	Γ	
Title	Given Name(s)	Surname
Data of D' 11		
Date of Birth		TFN or exemption



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PART C: Cor	mpany	/ Details						
Company Nam	ne							
				Γ				
ACN					ABN			
PART C: Cor	ntinue	d						
Director 1								
Title		iiven Name(s)			Surname		
Director 2								
Title	e	iiven Name(s)			Surname		
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		rectors please at	tach another c		eir details		As Trust	tee For
Please note: If more	ust / S	rectors please at	tach another c		eir details			
Please note: If more PART D: Tru Trustee(s) Nan	ust / S	rectors please at	ation Fur		eir details		As Trust	
Please note: If more	ust / S	rectors please at	ation Fur		eir details			
Please note: If more PART D: Tru Trustee(s) Nan	ust / S me annuati	rectors please at uperannua on Fund Nar	ation Fur		eir details			
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Please note: If more PART D: Tru Trustee(s) Nar Trust / Supera Trading Name	me annuati e (if app	rectors please at uperannua on Fund Nar	ation Fur					
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Please note: If more than 2 trustees / directors please attach another copy of this page with their details



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PART E: Investment Details						
Investment Amount Interest Rate \$, , .						
31 Day Access Investment 12 month fixed term – 31 day access account						
Fixed Term Investments 12 months 3 months 12 months 6 months 24 months 9 months 36 months						
Please note: For Fixed Term Investments less than 12months, interest payment is only available on maturity. For terms over 12 months interest is credited monthly. Additional interest requirements can be requested below.						
Compound Interest Credit to Other Account Pay by Cheque						
Other Account Details						
Account Name Bank						
BSB Account Number						
Additional Interest Details						

Please note: Alternate interest arrangements are available. Please advise your requirements above.



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DART	G : Account Authority and	Declaration		
PANI	G. Account Authonity and			
	Any One to Sign	Any Two to S	ign	All to Sign
• • • • •	conditions contained in the Replace I/We consent to the collection, u Replacement Prospectus & that det I/We declare that all statements m Trust Deed dated 12 th December 20 I/We have read the Replacement P the offer set out in that Prospect Replacement Prospectus No.6 date Prospectus No 6 after its expiry on 1 If signed under power of attorney, I I understand that the quotation of exemption status, tax will be withho	ement Prospectus No.6 da se and disclosure of info cails of my/our investment nade by me/us are comple 006 as amended from time prospectus No. 6 dated 11 th us. This Application Form d 11 th day of March 2015. the 11 th April 2016. /We have no knowledge of my tax file number is not eld from interest earned at age, a parent/guardian m	ted 11 th day of Ma rmation as outline may be provided t ete and accurate a to time. th day of March 20 must not be issu No Secured Notes f the revocation of compulsory but t the top marginal ust sign the appli	hat if I do not supply my tax file number or an
Signatu	re of Applicant / Director / Tru	ustee 1	Signature of	Applicant / Director / Trustee 2
Date			Date	
Please note	e: If more than 2 applicants, trustees or di	rectors are to sign please attac	h another copy of th	is page with their signatures.
	etion of these documents please			
211 0011101	_			
	FAX to (02) 6851 2	2223 or EMAIL to asi@asica	apital.com.au; ANE	
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IMMEDIATELY RETURN the ORIGINAL executed copy by EXPRESS POST to: **ASI** Capital PO Box 146 Forbes NSW 2871