

START HERE →**Please Select:**

- | | |
|--|-------------------------------|
| <input type="checkbox"/> Individual(s) | → Complete Part A,B,E,F and G |
| <input type="checkbox"/> Individual(s) Under 16 | → Complete Part A,B,E,F and G |
| <input type="checkbox"/> Company | → Complete Part A,C,E,F and G |
| <input type="checkbox"/> Trust / Superannuation Fund | → Complete Part A,D,E,F and G |

PART A: Account Contact Details

Please note: For applications for Individuals under 16 please complete this section with the signing parent or guardian's details. If more than one parent or guardian is to sign please attach another copy of this page with their details

Account Contact Person

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given Name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Phone	Home Phone	
<input type="text"/>	<input type="text"/>	
Mobile	Email	

Account Postal Address

<input type="text"/>
Street address
<input type="text"/>
Town
<input type="text"/>
State
<input type="text"/>
Postcode

Account Residential Address

<input type="text"/>
Street address
<input type="text"/>
Town
<input type="text"/>
Postcode
<input type="text"/>
Postcode

PART B: Individual(s) Details**Applicant 1**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given Name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	TFN or exemption	

Applicant 1

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given Name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	TFN or exemption	

PART C: Company Details

<input type="text"/>	
Company Name	
<input type="text"/>	<input type="text"/>
ACN	ABN

PART C: Continued**Director 1**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given Name(s)	Surname

Director 2

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given Name(s)	Surname

Please note: If more than 2 directors please attach another copy of this page with their details

PART D: Trust / Superannuation Fund Details

<input type="text"/>	As Trustee For
Trustee(s) Name	
<input type="text"/>	Trading As
Trust / Superannuation Fund Name	
<input type="text"/>	
Trading Name (if applicable)	
<input type="text"/>	<input type="text"/>
ABN	TFN

Trustee / Director 1

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given Name(s)	Surname

Trustee / Director 2

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given Name(s)	Surname

Please note: If more than 2 trustees / directors please attach another copy of this page with their details

PART E: Investment Details

Investment Amount

\$, , .

Interest Rate

. %

31 Day Access Investment

☐ 12 month fixed term – 31 day access account

Fixed Term Investments

☐ 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.

PART F: Interest Details

☐ Compound Interest

☐ Credit to Other Account

☐ Pay by Cheque

Other Account Details

Account Name

BSB

Bank

Account Number

Additional Interest Details

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

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.

PART G: Account Authority and Declaration

☐

Any One to Sign

☐

Any Two to Sign

☐

All to Sign

- I/We apply for Secured Notes of Anglesey Secured Investments Limited ACN 111 607 606 as detailed in the terms and conditions contained in the Replacement Prospectus No.8 dated 14th of June 2017 and on this Application Form.
- I/We consent to the collection, use and disclosure of information as outlined in the Privacy Disclosure Statement in the Replacement Prospectus & that details of my/our investment may be provided to my/our financial advisor as directed by them.
- I/We declare that all statements made by me/us are complete and accurate and agree to be bound by the provisions of the Trust Deed dated 12th December 2006 as amended from time to time.
- I/We have read the Replacement Prospectus No.8 dated 14th of June 2017 and agree to be bound by the conditions of the offer set out in that Prospectus. This Application Form must not be issued to any person unless accompanied by the Replacement Prospectus No.8 dated 14th of June 2017. No Secured Notes will be issued on the basis of the Replacement Prospectus No.8 dated 14th of June 2018.
- If signed under power of attorney, I/We have no knowledge of the revocation of that power of attorney.
- I understand that the quotation of my tax file number is not compulsory but that if I do not supply my tax file number or an exemption status, tax will be withheld from interest earned at the top marginal rate plus the Medicare Levy.
- For applicants under 18 years of age, a parent/guardian must sign the application form to open the account and provide appropriate identification for both themselves and the applicant.

Signature of Applicant / Director / Trustee 1

Date

Signature of Applicant / Director / Trustee 2

Date

Please note: If more than 2 applicants, trustees or directors are to sign please attach another copy of this page with their signatures.

On completion of these documents please

- FAX to (02) 6851 2223 or EMAIL to asi@asicapital.com.au; **AND**
- IMMEDIATELY RETURN the ORIGINAL executed copy by EXPRESS POST to:
ASI Capital
PO Box 146
Forbes NSW 2871