

IMPORTANT NOTICE:

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  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					
Please Select:	<ul><li>Individual(s)</li><li>Individual(s) Under 16</li><li>Company</li><li>Trust / Superannuation Fund</li></ul>	<ul> <li>→ Complete Part A,B,E,F and G</li> <li>→ Complete Part A,B,E,F and G</li> <li>→ Complete Part A,C,E,F and G</li> <li>→ Complete Part A,D,E,F and G</li> </ul>	i i		
PART A: Accou	ınt Contact Details				
	tions for Individuals under 16 please complete this section attach another copy of this page with their details  Person	n with the signing parent or guardian's details. If more t	han one parent or		
Title	Given Name(s)	Surname			
Work Phone		Home Phone			
Mobile		Email			
Account Postal A	ddress	Account Residential Address			
Street address		Street address			
Town		Town			
State	Postcode	Postcode	Postcode		
PART B: Individ	dual(s) Details				
Applicant 1					
Title	Given Name(s)	Surname			
Date of Birth		TFN or exemption			
Applicant 1					
Title	Given Name(s)	Surname			
Date of Birth		TFN or exemption			



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PART C: Cor	npany Details			
Company Nam	20			
Company Nam	ie			
ACN		ABN		
/ CIV		ABIV		
PART C: Cor	ntinued			
Director 1				
Title	Given Name(s)		Surname	
Director 2				
Title	Given Name(s)		Surname	
Please note: If more	e than 2 directors please attach another copy of th	nis page with their details		
PART D: Tru	ist / Superannuation Fund De	tails		
				As Trustee For
Trustee(s) Nar	me			7.5 11 45 (20 1 6)
1143666(3) 1141				Trading As
Trust / Supera	nnuation Fund Name			J
Trading Name	(if applicable)			-
ABN		TFN		
Trustee / Dire	ctor 1			
Trustee / Dire				
Title	Given Name(s)		Surname	
Trustee / Dire				
Title	Given Name(s)		Surname	

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						
\$ , 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 Bank						
BSB Account Number						
Additional Interest Details						

 ${\it Please note:}\ Alternate\ interest\ arrangements\ are\ available.}\ Please\ advise\ your\ requirements\ above.$ 



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PART (	<b>G</b> : Account Authority a	and Declaration				
	Any One to Sign	Any Two to	Sign	All to Sign		
	conditions contained in the Rep. I/We consent to the collection Replacement Prospectus & that I/We declare that all statemen Trust Deed dated 12 <sup>th</sup> Decembe I/We have read the Replacement the offer set out in that Prosp. Replacement Prospectus No.6 of Prospectus No.6 after its expiry If signed under power of attorn I understand that the quotatio exemption status, tax will be with the prospectus of the pro	placement Prospectus No.6 dan, use and disclosure of infot details of my/our investment its made by me/us are compler 2006 as amended from time ent Prospectus No. 6 dated 11 pectus. This Application Form dated 11 <sup>th</sup> day of March 2015 on the 11 <sup>th</sup> April 2016. The pectus is no knowledge of my tax file number is no ithheld from interest earned at of age, a parent/guardian in	ated 11 <sup>th</sup> day of Macrimation as outling the may be provided ete and accurate a to time.  The day of March 20 must not be issue. No Secured Notes of the revocation of the top marginal must sign the application of the top marginal must sign the application of the application of the top marginal must sign the application of the application of the top marginal must sign the application of the	that if I do not supply my tax file number or an		
Signatu	re of Applicant / Director /	Trustee 1	Signature of	Applicant / Director / Trustee 2		
Date			Date			
Please note	e: If more than 2 applicants, trustees	or directors are to sign please atta	ich another copy of th	nis page with their signatures.		
On compl	etion 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					