

IMPORTANT NOTICE:

1. There are Disclosure Documents (being the Prospectus referred to in this Investment Application Form) with information about investing in Secured Notes of NBFI Secured Investments Ltd.

2. It is advisable to read the Prospectus and Supplimentary 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, NBFI Secured Investments Limited will send paper copies of the Prospectus, any supplementary document and this application form on request without

START HERE 7		
Please Select:		
	Individual(s)	→ Complete Part A,B,E,F and G
	Individual(s) Under 16	→ Complete Part A,B,E,F and G
	Company	→ Complete Part A,C,E,F and G
	Trust / Superannuation Fund	d → Complete Part A,D,E,F and G
	_	
PART A: Accoun	t Contact Details	
	ons for Individuals under 16 please complete this s gn please attach another copy of this page with the	section with the signing parent or guardian's details. If more than one eir details
Account Contact Pe	erson	<u> </u>
Title	Given Name(s)	Surname
Work Phone		Home Phone
N 4 =  - :  -		First 9
Mobile		Email
Account Postal Ac	Idress	Account Residential Address
Street address		Street address
Town		Town
State	Postcode	State Postcode
PART B: Individu	val(c) Dotails	
Applicant 1	iai(s) Details	
Title	Given Name(s)	Surname
Date of Birth		TFN or exemption claimed
Applicant 2		
Title	Given Name(s)	Surname
Date of Birth		TFN or exemption claimed
Please advise if you hol	ld an overseas Tax File Number Yes No	)



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PART C: Con	npany Details			
Caranani Na				
Company Nai	me			
ACN		ABN		
ACN		ADIN		
Director 1				
Title	Given Name(s)		Surname	
Director 2				
Title	Given Name(s)	<u> </u>	Surname	
Trustee(s) Na	st / Superannuation Fund D	Petalis		As Trustee For Trading As
Trust / Super	annuation Fund Name			
Trading Name	e (if applicable)			
ABN		TFN		
Trustee / Dire	ctor 1			
Title	Given Name(s)		Surname	
Trustee / Dire	ctor 2			

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

Given Name(s)



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PART E: Investment Details						
Investment Amount \$	Interest Rate  . %					
Fixed Term Investments						
3 months *	12 months					
6 months *	24 months					
9 months *	36 months					
9 months	So months					
* Only available to existing debenture note holders						
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						
Other Account Details						
Account Name	Bank					
DCD.	Assessment Niversham					
BSB	Account Number					
Additional Interest Details						

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



# PART G: Account Authority and Declaration

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Any One to Sign Any T	Γwo to Sign			
<ul> <li>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. 12 dated 15<sup>th</sup> day of October 2021 and on this Application Form.</li> <li>I/We consent to the collection, use and disclosure of information as outlined in the Privacy Disclosure Statement in the Replacement Prospectus &amp; that details of my/our investment may be provided to my/our financial advisor as directed by them.</li> <li>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 12<sup>th</sup> December 2006 as amended from time to time.</li> <li>I/We have read the Replacement Prospectus No. 12 dated 15<sup>th</sup> day of October 2021 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. 12 dated 15<sup>th</sup> day of October 2021.</li> <li>If signed under power of attorney, I/We have no knowledge of the revocation of that power of attorney.</li> <li>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.</li> <li>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.</li> </ul>				
Signature of Applicant / Director / Trustee 1	Signature of Applicant / Director / Trustee 2			
Date	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

- EMAIL to admin@nbfisecuredinvestments.com, AND
- **DEPOSIT** Funds To NBFI Secured Investment Limited

Bank: ANZ

BSB: 012-625

Account No.: 497371148

**IMMEDIATELY RETURN** the original executed copy by post to:

**NBFI Secured Investments Ltd** Suite 103, 274-290 Victoria treet Darlinghurst NSW 2010