

Applicants should read the Information Memorandum dated 17/08/2020 in its entirety before completing this application form.

Note: Your application will not be processed until this form is completed and finalised.

Initial and subsequent applications forms should be sent to:

Northcape Capital Pty Ltd
 Level 24, 45 Clarence Street, Sydney, NSW 2000

Subsequent application forms may instead be sent to:

OneVue Financial Services
 GPO Box 804, Melbourne Vic 3000 or
 Fax (03) 90461932 or Email northcape.transactions@onevue.com.au

Please complete this form in black or blue ink in capital letters. Mark appropriate boxes with a

X

1. Please select the Northcape fund(s) in which you wish to invest and the Amount:

<input type="checkbox"/> Northcape Capital Core Australian Shares Fund (Australian equities)	Amount \$AUD: <input type="text"/>
<input type="checkbox"/> Northcape Capital Global Emerging Markets Fund (Emerging markets equities)	Amount \$AUD: <input type="text"/>
<input type="checkbox"/> Northcape Capital Global Equities Fund (Developed markets equities)	Amount \$AUD: <input type="text"/>

Minimum initial application amount and minimum balance in each fund is \$5,000,000 unless otherwise agreed with Northcape.

Subscriptions should be lodged in the BNP Paribas bank account of:

Northcape Application Trust Account BSB: 255 000 Account Number: 245009803

BNP Northcape Trust Application Account BIC Code - PARBAU2S

Please use the name of the investor as your reference

2. Is this application for an existing client in any of the above funds?

No, this is an initial application for a new client. Please complete all relevant sections.

Yes, this is for an existing client with Investor No. and name

Do you have an existing investment in the specific fund you have selected above?

No, this is an initial application for the selected fund.

Yes, this is an additional application for the selected fund.

If there are no changes to your details, just complete sections 1 to 3 and 16. Otherwise, please use the relevant sections 4 to 15 of this form to provide any updated details. Any information provided in these sections will override any instructions previously provided.

3. Application effective date:

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Subject to any notice period specified in the Information Memorandum, applications received by 3pm (Sydney time) on the application effective date and subject to the receipt of payment by 9am the following business day, will be processed using that day's application price. Applications received after this time will be processed using the application price of the next business day

4. Northcape is not able to accept applications from retail investors. Please indicate how you can confirm wholesale investor status by ticking one of the below:

- You are a Wholesale Investor who:
 - Pays at least \$500,000 for their investment, or
 - Is a company that is not a small business (ie. employs more than 20 people), or
 - Has a qualified accountant's statement that net assets are at least \$2.5 million or income is at least \$250,000, or
 - Is a sophisticated investor who is not a business and Northcape has reasonable grounds to assume that they have the necessary expertise to understand the information and assess the risk / value and Northcape provides a statement to the client with the above reasons and the client acknowledges this statement, or
- You are a Professional Investor who:
 - Is a financial services licensee, or
 - Is registered with or regulated by APRA, or
 - Is a trustee of a super fund / ADF / PST that holds net assets of at least \$10 million, or
 - Controls at least \$10 million, or
 - Is a listed entity, or
 - Carries on a business of investment in financial products.

5. Please select the type of investor and then complete the relevant sections of this form:

- Trust Please complete section 6.
- Company Please complete section 7.
- Partnership Please complete section 8.
- Government Body Please complete section 9.
- Association Please complete section 10.
- Registered Cooperative Please complete section 11.
- Individual / Joint Investor / Sole Trader Please complete section 12.

All investors must also complete sections 13 Agent (if applicable), 14 Income distribution instructions, 15 Investor contact details and 16 Declaration and signature.

6. Trust:

Full name of trust

Country in which trust was established

Name of Settlor (if any)

ABN (if any)

Provide certified full copy of the Trust Deed

Type of trust:

Regulated:

- Self-managed superannuation fund
- Registered managed investment scheme ARSN
- Unregistered managed investment scheme
- Government superannuation fund Legislation establishing fund
- Other regulated trust Regulator
Registration / licensing details

Unregulated:

- Family Trust
- Charitable trust
- Testamentary trust
- Other type of trust Provide description

Type of trustee:

- Individual(s) – complete section 6 of this form with details for each individual trustee.
- Company – complete section 7 of this form with details of trustee company.

Do the terms of the trust identify the beneficiaries by reference to membership of a class, e.g. unit holders, family of a named person?

Yes Details of beneficiary class

No Provide details of the beneficiaries. each Beneficiary to complete Section 12: Individual

7. Company:

In what capacity is the company acting in relation to this application?

- Company applicant
- Trustee of a Trust
- Beneficiary of a Trust

A. Australian Company

Full name as registered by ASIC

ACN/ABN

Registered office Address

(must not be a PO box)	Suburb	State	Postcode	Country
Principal place of business				
(must not be a PO box)	Suburb	State	Postcode	Country

Is the company subject to the oversight of a Commonwealth, State, Territory or foreign statutory regulator?

No
 Yes Regulator Name Licence details (eg AFSL/ACL/RSE)

Is the company listed?

No
 Yes Name of market/exchange

Is the company listed or a majority owned subsidiary of a listed company?

No
 Yes Name of Listed Company Name of market/exchange

Is the company an Unlisted Public Company or Proprietary Company (ie a company whose name ends with Proprietary Ltd or Pty Ltd)?

No
 Yes Please complete (i) and (ii) below:

(i) Does the company have beneficial owners (owners of one or more shareholdings of more than 25% of the company's issued capital)?

No
 Yes Each Beneficial Owner must complete Section 12: Individuals:

(ii) Please provide the following details for your Directors. If more than 8 Directors, please provide additional details on a separate sheet

	Given Name(s)	Surname
Director 1	<input type="text"/>	<input type="text"/>
Director 2	<input type="text"/>	<input type="text"/>
Director 3	<input type="text"/>	<input type="text"/>
Director 4	<input type="text"/>	<input type="text"/>
Director 5	<input type="text"/>	<input type="text"/>
Director 6	<input type="text"/>	<input type="text"/>
Director 7	<input type="text"/>	<input type="text"/>
Director 8	<input type="text"/>	<input type="text"/>

Australian Companies to also provide a certified copy of:

ASIC Company extract showing the Company name, ACN and Registered Office Address, or
 Certificate of registration or incorporation issued by ASIC

B. Foreign Company

Full name of Company

Country of formation, incorporation, registration

Registered Office Address

(must not be a PO box)

Suburb	State	Postcode	Country
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Is the company subject to the oversight of a Foreign regulator?

No
 Yes Regulator Name Licence Details

Is the company listed?

No
 Yes Name of market/exchange

Is the company a majority owned subsidiary of an Australian listed company?

No
 Yes Name of listed company Name of market/exchange

Is the company an Unlisted Public Company or Proprietary Company (ie a company whose name ends with Proprietary Ltd or Pty Ltd)?

No
 Yes Please complete (i) and (ii) below:

(i) Does the company have beneficial owners (owners of one or more shareholdings of more than 25% of the company's issued capital)?

No
 Yes Each Beneficial Owner must complete Section 12: Individuals:

(ii) Please provide the following details for your Directors. If more than 8 Directors, please provide additional details on a separate sheet

	Given Name(s)	Surname
Director 1	<input type="text"/>	<input type="text"/>
Director 2	<input type="text"/>	<input type="text"/>
Director 3	<input type="text"/>	<input type="text"/>
Director 4	<input type="text"/>	<input type="text"/>
Director 5	<input type="text"/>	<input type="text"/>
Director 6	<input type="text"/>	<input type="text"/>
Director 7	<input type="text"/>	<input type="text"/>
Director 8	<input type="text"/>	<input type="text"/>

Is the Company registered with ASIC?.

No Please provide a certified copy of the registration certificate
 Yes Please provided a certified copy of the ASIC company extract showing company name, ACN and registered office address; or Certificate of registration or incorporation issued by ASIC.

8. Partnership:

Full name of partnership
 Registered business name (if any)
 Country of establishment

Is the partnership regulated by a professional association?

No
 Yes Association Membership details

How many partners are there? Provide details of each partner using section 7 if the partner is a Company or 12 if the partner is an Individual.

Please provide a certified copy of at least 1 of the following documents to allow verification of the partnership's identity.

- Partnership agreement
- Minutes of partnership meeting
- Certificate of registration
- Association membership certificate

9. Government body:

Full name of Government body
 Principal place of operations
 (must not be a PO box) Suburb State Postcode Country

10. Association:

Full name of association				
Registered office address or residential address of the association's public officer*. (must not be a PO Box)				
	Suburb	State	Postcode	Country

*If no public officer exists, then the residential address of either the President, Secretary or Treasurer

Country in which association was established

Any unique identifying number issued to the association

Please also provide a certified copy of the rules of association

Each member of the governing committee must complete Section 12: Individual

Beneficial Owners of the Association (members entitled to 25% or more of the voting rights in the Association, directly or indirectly, including power of veto), must also complete Section 12: Individual.

11. Registered Cooperative:

Full name				
Unique ID number issued by relevant registration body if any				
Full name of Chairman, Secretary, Treasurer				
Principal place of operations, registered office or residential address of Secretary, President or Treasurer				
	Suburb	State	Postcode	Country
Full business name, if any, of registered cooperative				
State, Territory or Country, where the Cooperative is registered				

Please also provide a certified copy of the rules of the cooperative

Beneficial owners must complete Section 12: Individual.

12. Individual:

In what capacity is the individual acting in relation to this application?

- Individual applicant
 Joint investor
 Sole Trader
 Trustee of a trust
 Beneficiary of a trust
 Beneficial Owner
 Association Member
 Association Governing Committee Member

Note: if there are multiple applicants in each of the above categories, they must each fill out the form

Surname				
Given Name(s)				
Date of Birth	/	/		Country of Birth
Residential Address (must not be a PO box)	Suburb	State	Postcode	Country
Email address				
Phone No.				
Sole Traders must also provide				
Full business name (if any)				
ABN (if any)				
Principal place of business (must not be a PO box)	Suburb	State	Postcode	Country

Acceptable identification documents:

Please provide certified copies of the following identification documents, to confirm photo identity, full name, date of birth, residential address and nationality:

- A passport (which is current or which expired in the two years before the application); and
- Drivers Licence

If unable to provide one of these documents, a certified copy of one of the following will be required for identification purposes:

- A Birth Certificate; or
- Citizenship Certificate

And either of the following

- Current pension or health card issued by a government body; or
- A notice issued in the last 12 months by the Australian Tax Office or any Australian Commonwealth, State or Territory Government which contains your name and residential address; or
- A notice issued in the last three months by a local government body or a utilities provider (such as an electricity bill or rates notice) which contains your name and residential address.

13. Agent of Clients:

Please complete this section if you are an Agent acting on behalf of a client.

Agent/s to provide:

Full name of Agent

Evidence, if any, of the client's authorisation

Authorised signatory list, if available

14. Income distribution instructions:

I/we elect to receive distributions as follows:

- Please reinvest income in additional units
- Please pay income to the Australian bank / building society / credit union account nominated below:

Account name

Name of institution

BSB

Account number

Please note that if no distribution option is selected, distributions will be reinvested in additional units.

15. Investor contact details:

Contact details for all correspondence

Name

C/- (if applicable)

Postal Address

Suburb	State	Postcode	Country
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Email address

CC: emails (if applicable)

Phone No.

You may nominate multiple email addresses. You agree that we may use each address to deliver information to you and/or your agent regarding your investment (such as transaction confirmations and statements). There may be occasions when we still need to send information to your postal address.

16. Declaration and signature:

By signing this form, I/we confirm that I/we accept the following:

- 1) I/We have the power and are duly authorised to invest and hold units in the Fund;
- 2) I am/We are a wholesale client as defined in section 761G of the Corporations Act. If my/our application amount is less than \$500,000, then I/we will provide Northcape Capital Pty Ltd with a statement from a qualified accountant that I/we
 - (a) Have net assets of at least \$2.5 million; or
 - (b) Have a gross income for each of the last 2 financial years of at least \$250,000 per year;
- 3) If I/we have received this Information Memorandum from the internet or by other electronic means, I/we declare that I/we have received it personally, or a printout of it, accompanied by or attached to the Application Form before making an application of Units in the nominated Northcape fund.
- 4) In the case of joint applications, the joint applicants agree that unless otherwise expressly indicated on this Application Form, the Units will be held as joint tenants and either investor will be able to operate the account and bind the other investor for future transactions, including additional deposits and withdrawals, including withdrawals by phone, fax and internet;
- 5) If this Application Form is signed under power of attorney, the attorney declares that he/she has not received notice of revocation of that power (a certified copy of the power of attorney should be submitted with this Application Form unless we already have sighted it);
- 6) If investing as a company, I am/we are two directors of the company, or a director and the company secretary, or the sole director/company secretary of the company;
- 7) If investing as trustee, on behalf of a superannuation fund or trust, I/we confirm that I/we am/are acting in accordance with my/our designated powers and authority under the trust deed. In the case of superannuation funds, I/we also confirm that it is a complying fund under the Superannuation Industry (Superannuation) Act 1993;
- 8) I/We agree to be bound by the terms and conditions set out in the Constitution of the Fund;
- 9) I/We acknowledge that:
 - (a) Northcape Capital Pty Limited does not guarantee the repayment of capital or the performance of the Fund or any particular rate of return from the Fund;
 - (b) Northcape Capital Pty Limited reserves the right not to accept any application in its absolute discretion;
 - (c) if my/our application monies are dishonoured, Northcape Capital Pty Limited will not process my/our application and will notify me/us; and
 - (d) any monies that clear after the relevant application date will be held in a non-interest bearing account and invested in the Fund on the next application date or may be returned to me/us;
- 10) I/We agree to provide any extra information required by Northcape Capital Pty Limited in order to complete checks as required by the Anti-Money Laundering and Counter-Terrorism Financing Act, 2006;
- 11) I/We declare that any monies used to invest in the Fund are not derived from or related to any criminal activities and that any proceeds from my/our investment will not be used in relation to any criminal activities;
- 12) I/We are not commonly known by any other names different to those disclosed in this Application Form;
- 13) I/We declare that all information provided in this Application Form or attached verification documents are true and correct and may be relied upon by Northcape;
- 14) I/We agree that if this are any changes to any of the information in this Application Form or attached verification documents, including my/our FATCA / CRS status, I/we will promptly notify Northcape and provide any information necessary for Northcape to comply with its FATCA / CRS obligations;
- 15) I/We authorise Northcape Capital Pty Limited to complete or amend this Application Form where necessary to correct any errors or omissions.

Name

Applicant 1 / Sole Director / Director / Company Secretary / Other (please circle as applicable)

Signature

Date / /

Name

Applicant 2 / Director / Company Secretary / Other (please circle as applicable)

Signature

Date / /

If this is signed under Power of Attorney, please provide a certified copy of the POA.

Important notes:

Your personal information provided on this Application Form is required to comply with the relevant laws and is necessary to process your investment, administer your account and for Northcape to communicate with you about the Fund.

The collection of your TFN or ABN is authorised by Australian tax laws. Failure to quote a TFN is not an offence. If not quoted, tax will be deducted from your distributions at the highest marginal tax rate plus Medicare levy. Collection of TFN information is authorised and its use and disclosure are strictly regulated by tax and privacy laws. We may request further information from you from time to time to satisfy our tax and other regulatory obligations.

All documents must be originals or certified copies. Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.