

Applicants should read the Information Memorandum dated 27 August 2019 in its entirety before completing this application form.

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

1. Please select the Northcape fund in which you wish to invest:

- Northcape Capital Core Australian Shares Fund (Australian large cap equities)
- Northcape Capital Global Emerging Markets Fund (Emerging markets equities)
- Northcape Capital Global Equities Fund (Developed markets equities)

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 Client 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 with Account No.

Please use the relevant sections 6 to 14 of this form to provide any updated details. Any information provided in these sections will override any instructions previously provided. If there are no changes to your details, just complete sections 1 to 4 and 15.

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. Investment Amount:

 \$AUD

Minimum initial and additional application amount is \$20,000 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
 Please use the name of the investor as your reference

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

- Individual Please complete section 6.
- Joint Investors Please complete section 7 and section 6 for each individual.
- Sole Trader Please complete section 8 for the business and section 6 for the individual.
- Partnership Please complete section 9 for the partnership. Also complete section 6 or section 11 for each partner (depending on whether the partner is a company or an individual).
- Government Body Please complete section 10.
- Australian or Foreign Company Please complete section 11.
- Trust Please complete section 12 for the trust. Also complete section 6 or section 11 for each trustee and each beneficiary (depending on whether the trustee or beneficiary is a company or an individual)
- Associations Please complete section 13

All investors must also complete sections 14 (income distribution instructions), 15 (contact details) and 16 (declaration and signature).

6. Investor details of an 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

Surname	<input style="width: 100%;" type="text"/>		
Given Name(s)	<input style="width: 100%;" type="text"/>		
Title	<input style="width: 100%;" type="text"/>	Date of Birth	<input style="width: 100%;" type="text"/> / <input style="width: 100%;" type="text"/> / <input style="width: 100%;" type="text"/>
		Country of Birth	<input style="width: 100%;" type="text"/>
Residential Address (must not be a PO box)	<input style="width: 100%;" type="text"/>		
	Suburb	State	Postcode
			Country
Email address	<input style="width: 100%;" type="text"/>		
Phone (business hours)	<input style="width: 100%;" type="text"/>	Phone (after hours)	<input style="width: 100%;" type="text"/>
TFN or exemption reason	<input style="width: 100%;" type="text"/>		

Please list all countries in which you are a resident for tax purposes and the associated tax reference numbers. Please also complete the Tax information form

Country(s) of tax residency	<input style="width: 100%;" type="text"/>	Tax reference number(s)	<input style="width: 100%;" type="text"/>
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Please indicate which documents are being provided to allow verification of the applicant's identity.

<input type="checkbox"/> Primary photographic ID:	Document(s) attached:	<input style="width: 100%;" type="text"/>
Or if the applicant does not own a primary photographic ID then:		
<input type="checkbox"/> Secondary ID (group A) and	Document(s) attached:	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Secondary ID (group B)	Document(s) attached:	<input style="width: 100%;" type="text"/>
Or if the applicant does not own a primary photographic ID then:		
<input type="checkbox"/> Foreign photographic ID:	Document(s) attached:	<input style="width: 100%;" type="text"/>

Acceptable identification documents for individuals:

Primary photographic ID (at least one of):	Secondary ID (at least one from Group A and one from Group B):	Foreign Photographic ID (at least one of):
<ul style="list-style-type: none"> An Australian passport which is current or that has expired within two years of the application. A foreign passport that shows the person's photograph, date of birth and signature. An Australian State / Territory driver's licence containing a photograph of the person. A card issued by an Australian State / Territory for the purpose of proving a person's age containing a photograph of the person. 	<p>Group A</p> <ul style="list-style-type: none"> An Australian birth certificate. An Australian citizenship certificate. A pension of health card issued by Department of Human Services. <p>Group B</p> <ul style="list-style-type: none"> A notice issued in the last 12 months by the Australian Taxation Office or any Australian Commonwealth, State or Territory Government that contains the name and residential address of the person. A notice issued in the last 3 months by a local government body or a utilities provider (such as an electricity bill or rates notice) that contains the name and residential address of the person. 	<ul style="list-style-type: none"> A foreign driver's licence that contains a photograph, the date of birth and signature of the person. A national ID card issued by a foreign government that contains a photograph, the date of birth and signature of the person.

7. Investor details of joint applicants:

Please indicate authorisation required for withdrawals.

Either to sign

Both to sign

If no election is made, "Both to sign" will be assumed.

8. Investor details of a sole trader:

Full business name (if any)				
ABN (if any)				
Principal place of business (must not be a PO box)	Suburb	State	Postcode	Country

9. Investor details of a 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 6 or 11.

Please indicate at least 1 of the following documents which are being provided to allow verification of the partnership's identity.

<input type="checkbox"/> Partnership agreement	Document(s) attached:	<input type="text"/>
<input type="checkbox"/> Minutes of partnership meeting	Document(s) attached:	<input type="text"/>
<input type="checkbox"/> Certificate of registration	Document(s) attached:	<input type="text"/>
<input type="checkbox"/> Association membership certificate	Document(s) attached:	<input type="text"/>

10. Investor details of a Government body:

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

Category of Government body

Commonwealth of Australia

Australian state or territory Specify state or territory

Foreign country Specify foreign country

11. Investor details of a company:

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

- Company applicant
 Trustee of a Trust
 Beneficiary of a trust

Full name as registered by ASIC	<input type="text"/>			
ACN/ABN	<input type="text"/>			
TFN or exemption reason	<input type="text"/>			
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

Company type:

- Public
 Proprietary

Is the company subject to the oversight of a Commonwealth, State, Territory or foreign statutory regulator, e.g. AFS or RSE licensee?

No
 Yes Regulator Name Licence details

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

No
 Yes Listed company name Name of market/exchange

Please indicate which documents are being provided to allow verification of the company's registered details:

Certificate issued by the relevant registration body Document(s) attached:
 Public document issued by the company Document(s) attached:
 ASIC database extract Document(s) attached:

For foreign companies, provide additional details:

Country of formation / incorporation / registration
 Name of foreign body responsible for registration
 Identification number issued by foreign registration body
 Principal place of business
 in Australia (if any)
 Suburb State Postcode Country
 Principal place of business
 in country of incorporation
 Suburb State Postcode Country

Is the foreign company registered with ASIC?

No
 Yes ABRN

Investor details of a company (continued):

For proprietary companies, provide details of the directors and beneficial owners. If more than 8 directors, 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"/>

List all individuals who are beneficial owners through one or more shareholdings of more than 25% of the company's issued capital.

Beneficial owner 1

Given Name(s)	<input type="text"/>	Surname	<input type="text"/>
Residential Address (must not be a PO box)	<input type="text"/>		
	Suburb	State	Postcode Country

Beneficial owner 2

Given Name(s)	<input type="text"/>	Surname	<input type="text"/>
Residential Address (must not be a PO box)	<input type="text"/>		
	Suburb	State	Postcode Country

Beneficial owner 3

Given Name(s)	<input type="text"/>	Surname	<input type="text"/>
Residential Address (must not be a PO box)	<input type="text"/>		
	Suburb	State	Postcode Country

Please indicate which documents are being provided to allow verification of the company's directors and beneficial owners:

Details issued by registry body Document(s) attached:

Please also complete the Tax information form for the Company.

12. Investor details of a trust:

Full name of trust	<input style="width: 100%;" type="text"/>		
Country in which trust was established	<input style="width: 100%;" type="text"/>		
ABN (if any)	<input style="width: 100%;" type="text"/>		

Type of trust:

Regulated:

<input type="checkbox"/> Self-managed superannuation fund		ARSN	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Registered managed investment scheme		Legislation establishing fund	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Government superannuation fund		Regulator	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Other regulated trust		Registration / licensing details	<input style="width: 100%;" type="text"/>

Unregulated:

<input type="checkbox"/> Family Trust	
<input type="checkbox"/> Charitable trust	
<input type="checkbox"/> Testamentary trust	
<input type="checkbox"/> Other type of trust	Provide description <input style="width: 100%;" type="text"/>

Type of trustee:

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

Company – complete section 11 of this form with details of trustee company.

Was the trust created outside Australia or established under the laws of any foreign jurisdiction?

No

Yes. Please also complete the supplementary Tax information form.

Is the trust primarily established for custodial or investment purposes, or does it have a trustee that is a financial institution?

No

Yes GIIN (if applicable) FATCA status

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:

If more than 8 beneficiaries, provide additional details on a separate sheet.

	Given Name(s)	Surname
Beneficiary 1	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Beneficiary 2	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Beneficiary 3	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Beneficiary 4	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Beneficiary 5	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Beneficiary 6	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Beneficiary 7	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Beneficiary 8	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Please indicate which documents are being provided to allow verification of the trust's name and type

Trust deed or extract	<input type="checkbox"/>	Document(s) attached:	<input style="width: 100%;" type="text"/>
Offer document	<input type="checkbox"/>	Document(s) attached:	<input style="width: 100%;" type="text"/>
Letter from a solicitor or qualified accountant	<input type="checkbox"/>	Document(s) attached:	<input style="width: 100%;" type="text"/>
Extract of relevant legislation	<input type="checkbox"/>	Document(s) attached:	<input style="width: 100%;" type="text"/>

13. Investor Details of an Association:

Full name of association	<input type="text"/>			
Registered office address or residential address of the association's public officer (must not be a PO Box)	<input type="text"/>			
	Suburb	State	Postcode	Country
Country in which association was established	<input type="text"/>			
Any unique identifying number issued to the association	<input type="text"/>			

Full name and residential address of each member of the governing committee. If more than 6 members of the governing committee, provide additional details on a separate sheet.

Member 1

Given Name(s)	<input type="text"/>	Surname	<input type="text"/>
Residential Address (must not be a PO box)	<input type="text"/>		
	Suburb	State	Postcode Country

Member 2

Given Name(s)	<input type="text"/>	Surname	<input type="text"/>
Residential Address (must not be a PO box)	<input type="text"/>		
	Suburb	State	Postcode Country

Member 3

Given Name(s)	<input type="text"/>	Surname	<input type="text"/>
Residential Address (must not be a PO box)	<input type="text"/>		
	Suburb	State	Postcode Country

Member 4

Given Name(s)	<input type="text"/>	Surname	<input type="text"/>
Residential Address (must not be a PO box)	<input type="text"/>		
	Suburb	State	Postcode Country

Member 5

Given Name(s)	<input type="text"/>	Surname	<input type="text"/>
Residential Address (must not be a PO box)	<input type="text"/>		
	Suburb	State	Postcode Country

Member 6

Given Name(s)	<input type="text"/>	Surname	<input type="text"/>
Residential Address (must not be a PO box)	<input type="text"/>		
	Suburb	State	Postcode Country

14. Income distribution instructions:

I/we elect to receive distributions by:

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

Branch

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email address

CC: emails (if applicable)

Phone (business hours)

Phone (after hours)

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 / /

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.