

Applicants should read the Information Memorandum dated 4/11/2025 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  
Email: [invest@northcape.com.au](mailto:invest@northcape.com.au)

**Subsequent application forms may instead be sent to:**

SS&C Technologies  
GPO Box 804, Melbourne Vic 3000 or  
Email [northcape.transactions@unitregistry.com.au](mailto:northcape.transactions@unitregistry.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"/> |

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 and ensure payments are made from a bank account in the name of the investor as completed by you in this application form. We do not accept third party payments from a bank account that is not in the same name as the investor.

**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 17. Otherwise, please use the relevant sections 5 to 16 of this form to provide any updated details. Any information provided in these sections will override any instructions previously provided.

**3. Application effective date:**

/  /

Subject to any notice period specified in the Information Memorandum, applications that are processed by the Unit Registry prior to 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. Account Name**

**5. 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.

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

- |  |                             |
|--|-----------------------------|
| <input type="checkbox"/> Trust                                     | Please complete section 7.  |
| <input type="checkbox"/> Company                                   | Please complete section 8.  |
| <input type="checkbox"/> Partnership                               | Please complete section 9.  |
| <input type="checkbox"/> Government Body                           | Please complete section 10. |
| <input type="checkbox"/> Association                               | Please complete section 11. |
| <input type="checkbox"/> Registered Cooperative                    | Please complete section 12. |
| <input type="checkbox"/> Individual / Joint Investor / Sole Trader | Please complete section 13. |

All investors must also complete sections 14 Agent (if applicable), 15 Income distribution instructions, 16 Investor contact details and 17 Declaration and signature.

**7. Trust:**

|   |                          |
|---|--------------------------|
| Full name of trust                            | <input type="text"/>     |
| Country in which trust was established        | <input type="text"/>     |
| Name of Settlor (if any)                      | <input type="text"/>     |
| ABN (if any)                                  | <input type="text"/>     |
| Provide certified full copy of the Trust Deed | <input type="checkbox"/> |

Type of trust:

☐ Custodian:

No Yes

- a. Do you provide a custodial or depository service of the kind described in item 46 of table 1 in subsection 6(2) of the AML/CTF Act 2006 (Cth) (i.e. to the underlying investor not your related body corporate)? ☐ No ☐ Yes
- b. Do you hold an AFSL or are you exempt from the requirement to hold such a license? If Yes, AFSL Number or specify the grounds for exemption. Please provide your AFSL#  ☐ No ☐ Yes
- c. Are you enrolled as a reporting entity with AUSTRAC, or do you satisfy one of the 'geographical link' tests in subsection 6(6) of the AML/CTF Act 2006 (Cth)? ☐ No ☐ Yes
- d. Have you carried out all applicable customer identification procedures (ACIP) and ongoing customer due diligence (OCDD) requirements in accordance with chapter 15 of the AML/CTF Rules in relation to your underlying customers? (including where you have relied on a member of your designated business group or an Authorised representative to perform the ACIP and OCDD) ☐ No ☐ Yes

☐ Regulated:

|   |   |
|---|---|
| <input type="checkbox"/> Self-managed superannuation fund       |   |
| <input type="checkbox"/> Registered managed investment scheme   | ARSN <input type="text"/>                             |
| <input type="checkbox"/> Unregistered managed investment scheme |   |
| <input type="checkbox"/> Government superannuation fund         | Legislation establishing fund <input type="text"/>    |
| <input type="checkbox"/> Other regulated trust                  | Regulator <input type="text"/>                        |
|   | Registration / licensing details <input 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 type="text"/> |

Type of trustee:

- ☐ Individual(s) – complete section 13 of this form with details for each individual trustee.
- ☐ Company – complete section 8 of this form with details of trustee company.

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

- ☐ Yes Details of beneficiary class
- ☐ No Provide details of the beneficiaries. each Beneficiary to complete Section 13: Individual

## 8. 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 | <input type="text"/> |       |          |         |
| ACN/ABN                         | <input type="text"/> |       |          |         |
| Registered office Address       | <input type="text"/> |       |          |         |
| (must not be a PO box)          | Suburb               | State | Postcode | Country |
| Principal place of business     | <input type="text"/> |       |          |         |
| (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?

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

- (i) Does the company have beneficial owners (owners of one or more shareholdings of 25% or more of the company's issued capital)?
- ☐ No
- ☐ Yes Each Beneficial Owner must complete Section 13: 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"/> |

Australian Companies to also provide a certified copy of:

- ☐ ASIC Company extract, 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 |

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?

☐ 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 13: 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  
☐ Yes

Please provide a certified copy of the registration certificate

Please provided a certified copy of the ASIC company extract showing company name, ACN/ABN and registered office address; or

Certificate of registration or incorporation issued by ASIC.

#### 9. 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 13 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

#### 10. Government body:

Full name of Government body

Principal place of operations

(must not be a PO box) Suburb State Postcode Country

#### 11. 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 13: 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 13: Individual.

#### 12. 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 13: Individual.

**13. 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<br>(must not be a PO box)         |   |       |                  |         |
|   | Suburb  | State | Postcode         | Country |
| Email Address   |   |       |                  |         |
| Phone No.   |   |       |                  |         |
| Occupation  |   |       |                  |         |
| Source of Funds                                       | Eg. Savings, Profits from Investments, Inheritance, Business Dealing, Sale of Business, Other (provide details) |       |                  |         |
| Sole Traders must also provide                        |   |       |                  |         |
| Full business name (if any)                           |   |       |                  |         |
| ABN (if any)  |   |       |                  |         |
| Principal place of business<br>(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.

#### 14. 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

☐

#### 15. Banking and Income Distribution instructions:

- (i) Please provide Australian bank / building society / credit union account details, to be used for future redemptions or income distributions (if selected):

Account name

Name of institution

BSB

Account number

- (ii) I/we elect to receive distributions as follows:

☐

Please reinvest income in additional units

☐

Please pay into bank account above

Please note that the account number should be the same from which application money was received. If no distribution option is selected, distributions will be reinvested in additional units. Distribution payments will only be paid to a bank account in the name of the customer. Third party payments will not be made.

#### 16. Investor contact details:

Contact details for all correspondence

Name

C/- (if applicable)

Postal Address

Suburb

State

Postcode

Country

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.

**17. 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 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.