

Capital Dynamics (Australia) Ltd

Application Form (Account Opening)



Issued by Capital Dynamics (Australia) Ltd ("CDAL")
ABN 53 129 846 260 AFSL 326283

If you are investing using your existing investment account, do not use this Form. Please complete the 'Additional Application Form' available at www.capitaldynamics.com.au.

Before completing this Form, please ensure that you have read the relevant Target Market Determination (TMD), Product Disclosure Statement (PDS) and Additional Information Booklet (AIB), which contain important information about investing in funds managed by CDAL ("Funds"). You can access these documents via our website, www.capitaldynamics.com.au. If you would like to receive a paper copy of these documents, we can send you a copy free of charge on request.

How to apply

By email / in-person

1. Complete the relevant sections in this Form.
2. Certify your identification documents.
3. Transfer your application monies to us (see Section 9 in this Form for payment methods). Minimum amount for each Fund(s) may differ.
4. Submit the completed Form together with a cheque or electronic funds transfer confirmation:


In-person:
Suite 101, Level 1, 49-51 York Street
Sydney, NSW 2000
Australia


By mail:
Capital Dynamics (Australia) Limited
c/- Boardroom Pty Limited
GPO Box 3993
Sydney NSW 2001
Australia

By Investor Portal

Visit iportal.capitaldynamics.com.au to complete and submit this Form together with your certified identification documents and payment confirmation. The relevant terms and conditions can be found in Section 10 of the AIB.

Contact us

 1300 798 655 (Australia)
+612 80162894 (International)

 info@capitaldynamics.com.au

Type of applicant

Please tick to indicate your investor type and complete all referenced sections.

Type	Sections to be completed
<input type="checkbox"/> Individual or Joint Investors	1 and 6 to 14
<input type="checkbox"/> Company	2 and 5 to 14
<input type="checkbox"/> Trust (including Australian Superannuation Fund)	1 (individual trustee) or 2 (corporate trustee), 3 and 5 to 14
<input type="checkbox"/> Partnership	4 to 14
<input type="checkbox"/> Other	Contact us for further assistance.

Please fill up all the fields in the relevant sections and indicate N/A in the fields that are not applicable to you.

Section 1 Individual(s) or Individual Trustee(s)

Complete this section if you are investing in your own name(s), including as a sole trader, or as an individual trustee(s). You are only required to provide your TFN below if you are completing this section in the capacity of an individual investor or sole trader. Individual investor(s) must be 18 years of age or more.

1.1 In what capacity is this investment being made ? Tick one box:

- In my name only – Complete Section 1.2
- Jointly with other individual – Complete Sections 1.2 and 1.3
- In my name as a sole trader – Complete Sections 1.2 and 1.4
- As individual trustee(s) for a trust/superannuation fund – Complete Sections 1.2 and 1.3

1.2 Individual 1

Title

Mr Mrs Miss Ms

Other (please specify)

Full Name as per ID

Date of birth (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Country of birth

Country of citizenship

TFN or exemption category (Australian residents)

Occupation e.g. teacher, lawyer, self-employed, retired etc.

Driver's Licence number

<input type="text"/>	<input type="text"/>
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Residential address (not a PO box)

Number and Street

Suburb/Town/City

State/Territory

Postcode Country

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

Telephone numbers

(Please include country code and area code)

Mobile number

Alternate contact number

<input type="text"/>	<input type="text"/>
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1.3 Individual 2

Title

Mr Mrs Miss Ms

Other (please specify)

Full Name as per ID

Date of birth (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Country of birth

Country of citizenship

TFN or exemption category (Australian residents)

Occupation e.g. teacher, lawyer, self-employed, retired etc.

Driver's Licence number

<input type="text"/>	<input type="text"/>
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Residential address (not a PO box)

Number and Street

Suburb/Town/City

State/Territory

Postcode Country

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

Telephone numbers

(Please include country code and area code)

Mobile number

Alternate contact number

<input type="text"/>	<input type="text"/>
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If there are more than 2 individuals / individual trustees, please provide details on a separate page and tick this box.

1.4 Sole Trader (if applicable)

Business name

ABN

--	--

Number/Street

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Suburb/Town/City

State/Territory

--	--

Postcode

Country

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Section 2 Company or other incorporated entity

Complete this section if you are investing for, or on behalf, a company, where a company is acting as trustee for a trust. You are not required to provide your TFN below if you are completing this section in the capacity of a corporate trustee.

2.1 Company Details

Company name as registered with ASIC or an overseas regulator

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ABN/ACN/ARBN

TFN or exemption category (Australian residents)

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Country of tax residence (non-Australian tax residents)

Country of incorporation

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Business Activity e.g. Property developer, Corporate trustee etc.

--

Residential address (not a PO box)

Building Name/Number/Street

--

Suburb/Town/City

State/Territory

--	--

Postcode

Country

--	--

Principal place of business (not a PO Box)

Tick if same as registered address, otherwise provide:

Building Name/Number/Street

--

Suburb/Town/City

State/Territory

--	--

Postcode

Country

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Type of company

Public (Listed/Regulated), please complete Section 2.2

Public (Unlisted/Unregulated), please complete Sections 2.2 and 2.4

Proprietary or private company, please complete Sections 2.2, 2.3 and 2.4

Other (please specify) :

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2.2 Regulatory / Listing details

Please select the categories which apply to the company and provide the information requested.

Regulated company

A company whose activities are subject to the oversight of a statutory regulator, that is, beyond a company registration body. Examples of regulated companies in Australia include Australian Financial Services Licensees (AFSL), Australian Credit Licensees (ACL).

Name of Regulator

Licence Details

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Australian Listed Company

Name of market or exchange

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Majority owned subsidiary of an Australian Listed Company

Australian listed company name (parent company)

Name of market or exchange

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Foreign company

Identification number issued by foreign registration

Name of foreign registration body (If applicable)

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2.3 Directors

To be completed by proprietary / private companies.

How many directors are there?

Please provide the full names (as per ID) of each director below.

If there are more directors please provide information on an additional sheet and tick this box.

2.4 Shareholder(s) /Beneficial owner(s)

To be completed by proprietary or private companies. Public companies that are not listed or regulated must also complete this section.

Please provide details of each individual who ultimately owns 25% or more of the company's issued capital through direct or indirect shareholdings or any individual who is entitled to, whether directly or indirectly, exercise 25% or more of the voting rights. If no one satisfies either of these categories, it applies to the most senior managing official(s) of the company (such as the managing director).

Individual 1

Title

Mr Mrs Miss Ms

Other (please specify)

Full Name as per ID

Date of birth (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Country of birth

Country of citizenship

TFN or exemption category (Australian residents)

Occupation e.g. teacher, lawyer,
self-employed, retired etc.

Driver's Licence
number

<input type="text"/>	<input type="text"/>
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Residential address (not a PO box)

Number and Street

Suburb/Town/City

State/Territory

Postcode Country

<input type="text"/>	<input type="text"/>
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Individual 3

Title

Mr Mrs Miss Ms

Other (please specify)

Full Name as per ID

Date of birth (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Country of birth

Country of citizenship

Individual 2

Title

Mr Mrs Miss Ms

Other (please specify)

Full Name as per ID

Date of birth (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Country of birth

Country of citizenship

TFN or exemption category (Australian residents)

Occupation e.g. teacher, lawyer,
self-employed, retired etc.

Driver's Licence
number

<input type="text"/>	<input type="text"/>
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Residential address (not a PO box)

Number and Street

Suburb/Town/City

State/Territory

Postcode Country

<input type="text"/>	<input type="text"/>
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Individual 4

Title

Mr Mrs Miss Ms

Other (please specify)

Full Name as per ID

Date of birth (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Country of birth

Country of citizenship

TFN or exemption category (Australian residents)

Occupation e.g. teacher, lawyer, self-employed, retired etc.

Driver's Licence number

Residential address (not a PO box)

Number and Street

Suburb/Town/City

State/Territory

Postcode Country

TFN or exemption category (Australian residents)

Occupation e.g. teacher, lawyer, self-employed, retired etc.

Driver's Licence number

Residential address (not a PO box)

Number and Street

Suburb/Town/City

State/Territory

Postcode Country

If there are more beneficiaries please provide information on an additional sheet and tick this box.

Section 3 Trusts (including Australian Superannuation Fund)

Investments made on behalf of superannuation funds (including self-managed superannuation funds) or trusts must be held in the name of an individual or a company as trustee.

3.1 Trustee

Select the relevant type of trustee below.

Individual trustee(s) - Complete Section 1 for each trustee. Corporate trustee(s) - Complete Section 2 for each trustee.

3.2 Details of Trust

Trust name (in full)

Business name of trustee (in full)

TFN or exemption category (Australian residents)

Country of tax residence (non-Australian tax residents)

Country where Trust was established

3.3 Type of Trust

Select one of the following types of trusts.

Self-managed superannuation fund (SMSF)

Specify ABN:

Registered managed investment scheme

Specify ARSN:

Unregistered managed investment scheme

-

Government superannuation fund

Specify name of legislation establishing the fund:

Other Australian regulated trust

Specify the name of regulator (ASIC, APRA, ATO):

Specify the trust's registration/licensing details:

If you select one of the above 5 trusts, proceed to Section 5. If not, continue below.

Other trust

Trust description (eg. family trust):

Is the contribution to the trust by the settlor less than \$10,000?

Yes No

Nature of trust activity:

Is the settlor deceased?

Yes No

*If you answered 'No' to either of the questions above, please provide the full name of the settlor.

Full name of settlor:

3.4 Beneficiary Details

Do the terms of the trust identify the beneficiaries by reference to membership of a class?

Yes

If yes, please provide details of the membership class(es) e.g. unit holders, family members of a named person, charitable purpose

No Please provide information about the beneficiaries below.

How many beneficiaries are there?

Please provide the full names (as per ID) of each director below.

If there are more beneficiaries please provide information on an additional sheet and tick this box

3.5 Beneficial owner(s)

Please provide details of each individual who ultimately, whether directly or indirectly, owns 25% or more of the trust or controls the trust. If there is no one under this category, then any individual who holds the power to appoint or remove the trustees of the trust.

Individual 1

Title

Mr Mrs Miss Ms

Individual 2

Title

Mr Mrs Miss Ms

Other (please specify)

Full Name as per ID

Date of birth (dd/mm/yyyy)

/ /

Country of birth

Country of citizenship

TFN or exemption category (Australian residents)

Occupation e.g. teacher, lawyer,
self-employed, retired etc.

Driver's Licence
number

Residential address (not a PO box)

Number and Street

Suburb/Town/City

State/Territory

Postcode Country

Other (please specify)

Full Name as per ID

Date of birth (dd/mm/yyyy)

/ /

Country of birth

Country of citizenship

TFN or exemption category (Australian residents)

Occupation e.g. teacher, lawyer,
self-employed, retired etc.

Driver's Licence
number

Residential address (not a PO box)

Number and Street

Suburb/Town/City

State/Territory

Postcode Country

If there are more than 2 beneficial owners, please provide the details of each beneficial owner on a separate page and tick this box.

Section 4 Partnerships

4.1 Partnership Details

Partnership name (in full)

Registered business name of partnership (in any)

ABN

TFN or exemption category (Australian residents)

TFN or exemption category (Australian residents)

Country of incorporation

Business Activity e.g. Property developer, Corporate trustee etc.

Residential address (not a PO box)

Building Name/Number/Street

Suburb/Town/City

State/Territory

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

Country

<input type="text"/>	<input type="text"/>
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Principal place of business (not a PO Box)

Tick if same as registered address, otherwise provide:

Building Name/Number/Street

Suburb/Town/City

State/Territory

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

Country

<input type="text"/>	<input type="text"/>
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Is the partnership regulated by a professional association ?

Yes Complete the following information and provide the details for ONE of the partners in Section 4.2.

Association name

Membership number

<input type="text"/>	<input type="text"/>
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No Provide the details of ALL partners in Section 4.2.

4.2 Partner Details

Partner 1

Title

Mr Mrs Miss Ms

Other (please specify)

Full Name as per ID

Date of birth (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Country of birth

Country of citizenship

TFN or exemption category (Australian residents)

Occupation e.g. teacher, lawyer, self-employed, retired etc.

Driver's Licence number

<input type="text"/>	<input type="text"/>
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Partner 2

Title

Mr Mrs Miss Ms

Other (please specify)

Full Name as per ID

Date of birth (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Country of birth

Country of citizenship

TFN or exemption category (Australian residents)

Occupation e.g. teacher, lawyer, self-employed, retired etc.

Driver's Licence number

<input type="text"/>	<input type="text"/>
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Residential address (not a PO box)

Number and Street

Suburb/Town/City

State/Territory

Postcode Country

 If there are more than 2 partners, please provide the details of each additional partner on a separate page and tick this box.**4.3 Beneficial owner(s)**

Please provide details of each individual who ultimately, whether directly or indirectly, owns 25% or more of the issued capital of the partnership or is entitled to exercise 25% or more of the voting rights, including a power of veto. If there is no one under this category, it applies to any individual who controls the partnership, or any individual who holds the position of senior managing official (or equivalent).

If the beneficial owners are different from the partners already entered in Section 4.2, please provide their details below. Otherwise, proceed to Section 5.

Individual 1

Title

 Mr Mrs Miss Ms Other (please specify)

Full Name as per ID

Date of birth (dd/mm/yyyy)

Country of birth

Country of citizenship

TFN or exemption category (Australian residents)

Occupation e.g. teacher, lawyer,
self-employed, retired etc.Driver's Licence
number**Residential address** (not a PO box)

Number and Street

Suburb/Town/City

State/Territory

Residential address (not a PO box)

Number and Street

Suburb/Town/City

State/Territory

Postcode Country

Individual 2

Title

 Mr Mrs Miss Ms Other (please specify)

Full Name as per ID

Date of birth (dd/mm/yyyy)

Country of birth

Country of citizenship

TFN or exemption category (Australian residents)

Occupation e.g. teacher, lawyer,
self-employed, retired etc.Driver's Licence
number**Residential address** (not a PO box)

Number and Street

Suburb/Town/City

State/Territory

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

If there are more than 2 beneficial owners, please provide the details of each beneficial owner on a separate page and tick this box.

Section 5 Contact Person for investments in the name of a company, partnership, superannuation fund or trust

Section 5.1 - Who is authorised to speak to us about this investment and what are their contact details?

Contact Name

Title

Mr
 Mrs
 Miss
 Ms
 Other (please specify)

Full Name as per ID

Occupation

Email address

<input type="text"/>	<input type="text"/>
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Telephone numbers (Please include country code and area code)

Mobile number

Alternate number

<input type="text"/>	<input type="text"/>
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Section 6 Appointment of authorised agent (if applicable)

Please complete this section if you would like to appoint and authorise a third party to act on your behalf for your investments with Capital Dynamics (Australia) Limited. See section 3 of the Additional Information Booklet.

Persons appointed as an authorised agent will be required to provide identification details and certified copies of the identity documents specified in Section 14 of the Form.

6.1 Authorised Agent

Title

Mr
 Mrs
 Miss
 Ms
 Other (please specify)

Full Name as per ID

Date of birth (dd/mm/yyyy)

Country of birth

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Country of citizenship

TFN or exemption category (Australian residents)

Occupation e.g. teacher, lawyer, self-employed, retired etc.

Driver's Licence number

<input type="text"/>	<input type="text"/>
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Residential address (not a PO box)

Number and Street

Suburb/Town/City

State/Territory

<input type="text"/>	<input type="text"/>
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Postcode	Country
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Email address

Telephone numbers (Please include country code and area code)

Mobile number	Alternate number
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Signature of Authorised Agent

Date (dd/mm/yyyy):

Section 7 Foreign Account Tax Compliance Act (FATCA) & Common Reporting Standard (CRS) Self Certification

Pursuant to the United States Foreign Account Tax Compliance Act (FATCA) and Organisation for Economics Co-operation and Development (OECD) Common Reporting Standard (CRS), we are required to collect and report certain information to the Australian Taxation Office (ATO) about financial accounts held by foreign tax residents. The ATO may exchange this information with tax authorities of another jurisdiction and jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

In order to comply with our FATCA and CRS obligations, we will rely on information provided by you in this section and other sections of Form. If you have any questions about your FATCA and CRS status, please contact your tax adviser.

For more information and key definitions on terms relating to FATCA and CRS, visit <https://www.ato.gov.au/general/international-tax-agreements/in-detail/international-arrangements/automatic-exchange-of-information---crs-and-fatca/>

Please advise us promptly if your circumstances change and any of the information provided in this Form becomes incorrect.

ALL APPLICANTS MUST COMPLETE THIS SECTION – Individuals (Section 7.1 only) and all other entities (Section 7.2 and 7.3 (if applicable)).

7.1 Individual(s)

Individual 1

Full Name as per ID

Are you a tax resident of Australia?

Yes No

Are you a tax resident of another country?

Yes, complete the rest of this section. No, proceed to section 8.

Country of foreign tax residence	Taxpayer Identification Number (TIN)	Enter Reason A, B or C if TIN not available
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Reason A The country of tax residence does not issue TINs to its residents.

Reason B The individual is unable to obtain a TIN. Explain why.

Reason C The country of tax residency does not require the collection of TINs.

Individual 2

Full Name as per ID

Are you a tax resident of Australia?

Yes No

Are you a tax resident of another country?

Yes, complete the rest of this section. No, proceed to section 8.

Country of foreign tax residence **Taxpayer Identification Number (TIN)** **Enter Reason A, B or C if TIN not available**

Country of foreign tax residence	Taxpayer Identification Number (TIN)	Enter Reason A, B or C if TIN not available

Reason A The country of tax residence does not issue TINs to its residents.

Reason B The individual is unable to obtain a TIN. Explain why.

Reason C The country of tax residency does not require the collection of TINs.

7.2 Entity Account Holders

Legal name of entity (in full)

Is the entity a tax resident of Australia?

Yes

No

Please provide the entity's tax status by completing the relevant section.

Australian regulated superannuation fund (including a complying SMSF, retirement or pension fund)

If you selected this option, your tax certification is complete. Please proceed to Section 8

Financial institution

- Investment entity
- Specified insurance company
- Custodian institution
- Depository institution

Provide the entity's Global Intermediary Identification number (GIIN) if applicable

If you do not have a GIIN, what is your financial institution status?

Deemed Complaint FFI (foreign financial institution)

Excepted FFI

Non-participating FFI

Other (please specify below)

Are you an investment entity (financial institution) located in a non-CRS participating jurisdiction and professionally managed by another financial institution?

Yes – Please complete Sections 7.2a and 7.2b.

No – Your tax certification is now complete. Please proceed to Section 8.

Public listed company or a majority owned subsidiary of a public listed company (that is not a financial institution)

Provide the name of the market or stock exchange where your company is listed.

Provide your company's unique exchange code, e.g.: ASX code, ticker code

Your tax certification is now complete. Please proceed to Section 8

Governmental entity, international organisation, central bank or deceased estate

Your tax certification is now complete. Please proceed to Section 8.

<input type="checkbox"/> Non-financial entity (NFE) or non-financial foreign entity (NFFE) <ul style="list-style-type: none"> • Private or proprietary company that is not a financial institution • Public unlisted company that is not a financial institution • Trust, partnership, association or co-operative • Registered or non-registered charitable organisations • Other type of entity 	<p>Is the NFE/NFFE active or passive?</p> <p>An entity is an active NFE if less than 50% of its income is passive and less than 50% of its assets produce or are held for the production of passive income.</p> <p>An NFE is passive if it does not fit the description of an active entity.</p> <input type="checkbox"/> Active – Please complete Section 7.2a <input type="checkbox"/> Passive – Please complete Sections 7.2a and 7.2b.
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7.2a Tax residency

Is the entity a tax resident of another country?

Yes, complete the rest of this section. No, proceed to section 8.

Country of foreign tax residence	Taxpayer Identification Number (TIN)	Enter Reason A, B or C if TIN not available

Reason A The country of tax residence does not issue TINs to its residents.
Reason B The individual is unable to obtain a TIN. Explain why.
Reason C The country of tax residency does not require the collection of TINs.

7.2b Beneficial owners or controlling persons (individuals)

For a trust, this includes all trustees, settlors, appointers or beneficiaries. For a company, this includes any beneficial owners controlling 25% or more of the shares in the company or senior managing officials. For a partnership, this includes partners.

Does the entity have any beneficial owners or controlling persons (i.e. any individual who directly or indirectly exercises control over the entity) who are tax residents in countries other than Australia?

Yes, please provide the details of all these individuals below. No, proceed to Section 8.

Individual 1

Full Name as per ID	Date of birth (dd/mm/yyyy)										
	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 1.2em; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 1.2em; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>			/			/				
		/			/						

Residential address (not a PO box)

Number and Street	
Suburb/Town/City	State/Territory
Postcode	Country

Are you a tax resident of Australia?

Yes No

Are you a tax resident of another country?

Yes, complete the rest of this section. No, proceed to section 8.

Country of foreign tax residence	Taxpayer Identification Number (TIN)	Enter Reason A, B or C if TIN not available

Reason A The country of tax residence does not issue TINs to its residents.
Reason B The individual is unable to obtain a TIN. Explain why.
Reason C The country of tax residency does not require the collection of TINs.

Individual 2

Full Name as per ID

Date of birth (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Residential address (not a PO box)

Number and Street

Suburb/Town/City

State/Territory

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

Country

<input type="text"/>	<input type="text"/>
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Are you a tax resident of Australia?

Yes No

Are you a tax resident of another country?

Yes, complete the rest of this section. No, proceed to section 8.

Country of foreign tax residence

Taxpayer Identification Number (TIN)

Enter Reason A, B or C if TIN not available

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

Reason A The country of tax residence does not issue TINs to its residents.

Reason B The individual is unable to obtain a TIN. Explain why.

Reason C The country of tax residency does not require the collection of TINs.

Section 8 Method of correspondence

Please indicate your preference for receiving all investor correspondence and statements by ticking the appropriate box. Choose either one method only.

Method	Details
<input type="checkbox"/> Email (default)	(required only if different from the details you have provided in the earlier section.)
<input type="checkbox"/> Mail	Number and Street Suburb/Town/City State/Territory Postcode Country (required only if different from the details you have provided in the earlier section.)

Annual Reports

The annual reports of the Fund(s) will be made available on our website at: www.capitaldynamics.com.au. Please tick the box below if you would like to receive a notification email when the latest annual report for the fund(s) you have invested is published. If you would like to receive a hard copy, please email us your request.

Email I consent to receive a notification via email when a new annual report is made available.

Section 9 Investment details / fund(s) selection

9.1 Select the Fund(s) and indicate the amount you wish to invest below.

You may elect to receive distributions as cash or reinvest them as additional units in the Fund(s). If you do not select a distribution method, all distributions will be reinvested by default.

	Fund name	Amount (A\$)	Payment method	Distribution method
<input type="checkbox"/>	<i>i</i> Capital International Value Fund (ARSN: 134 578 180) Minimum initial investment amount : AUD20,000 Minimum additional investment amount : AUD2,000		<input type="checkbox"/> Cheque <input type="checkbox"/> EFT	<input type="checkbox"/> Reinvest <input type="checkbox"/> Deposit into the bank account nominated in Section 10
<input type="checkbox"/>	<i>i</i> Capital Asia-Pacific ex-Japan BTB Fund (ARSN: 646 553 246) Minimum initial investment amount : A\$5,000 Minimum additional investment amount : A\$1,000.		<input type="checkbox"/> Cheque <input type="checkbox"/> EFT	<input type="checkbox"/> Reinvest <input type="checkbox"/> Deposit into the bank account nominated in Section 10 Note: Distribution less than A\$100 will be automatically reinvested.

9.2 Source of funds

Please tick appropriate options for both investors if it is a joint account.

- Savings
 Inheritance
 Superannuation
 Investments
 Proceeds from asset sale
 Other - Please specify:

9.3 Application payment method and details

<i>i</i> Capital International Value Fund	
Cheque	Payable to: "BNP Paribas Nominees Pty Limited ATF Capital Dynamics (Australia) Limited Applications Account"
EFT	Account Name: BNP Paribas Nominees Pty Limited ATF Capital Dynamics (Australia) Limited Applications Account Short name: BNP PARIBAS NOMINEES PTY LTD Bank: Westpac BSB: 032 002 Account Number: 672106

<i>i</i> Capital Asia-Pacific ex-Japan BTB Fund	
Cheque	Payable to "Capital Dynamics Australia Limited"
EFT	Account Name: Capital Dynamics Australia Limited Bank: St George BSB: 112 879 Account number: 453696080

- Notes: 1. Please ensure that you include the family name of the investor or the name of the company or trust in Reference field.
 2. Your payment cheque must be in Australian dollars, drawn on an Australian branch of a bank in the name of the investor and crossed not negotiable. Third party cheques are not acceptable.

Where you use EFT, as you may incur fees, please ensure that the amount we receive is net of fees and matches the investment amount on the Application Form. Please attach a copy of the EFT receipt to the Application Form.

9.4 Product Suitability

The following questions aim to assist CDAL in determining whether you are in the target market described in the Target Market Determination (TMD) prepared for the Fund. The TMDs for each Fund are available on our website.

- (a) Do the financial objectives, needs and circumstances outlined in the TMD of the applicable Fund match with those of yours ? (b) Do you foresee any liquidity need within the next 12 months?

Yes No

Yes No

Section 10 Bank account details (for cash distribution)

The bank account provided must be in the name of the investor(s) only. CDAL will not make any distribution payment to third party.

Name of financial institution

Branch name and address

Account name

BSB number

Account number

<input type="text"/>	<input type="text"/>
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SWIFT code: (for foreign bank account only)

Intermediary Bank Details (for foreign bank account only)

Section 11 Account operating instructions (if applicable)

Please indicate signing authority for all future instructions additional applications, withdrawal requests, transfers, switches, distributions or change of account details:

Joint accounts/Partnerships

Either to sign

Two to sign (Default if no selection is made)

Other (please specify)

Company accounts

One Director to sign

Two Directors to sign

Other (please specify)

If no selection is made, all future written instructions must be executed on behalf of the company by two directors (or a sole director), or by a director and the company secretary.

Section 12 Terms and Conditions

Tax File Number, Australian Business Number and Exemption Details

On your application form you may choose to quote your Tax File Number (TFN) or Australian Business Number (ABN) or provide exemption details. It is not compulsory to provide your TFN or ABN and it is not an offence if you decline to provide them. However, without your TFN, ABN or appropriate exemption information, we are required to deduct tax from any income distribution payable to you at the highest marginal personal income tax rate plus the Medicare Levy.

By quoting their TFN or ABN investors authorise the Responsible Entity to apply it in respect of all of an investor's investments with the Responsible Entity. If an investor does not wish to quote their TFN or ABN for some investments the Responsible Entity should be advised to this effect.

Incomplete or Invalid Applications

Please note that your application cannot be processed until all relevant identification documents and cleared funds are received.

Where applications are incomplete, we will:

- Retain the application monies in a bank account until we receive the required information. Where interest is earned, it will be paid to the relevant Fund(s) and not to applicants regardless of whether their application is successful; or
- Return the funds to you.

We do not accept applications from US citizens or US residents who have an obligation to pay tax to the US tax authorities on their worldwide income.

We can refuse to accept any application without providing a reason.

Declaration

By signing this Form, I/we:

- (a) declare that the details given in this application are true and correct;
- (b) certify that I/we are 18 years old or more;
- (c) confirm that I/we have the legal capacity, authority and power to make this application;
- (d) have received and accepted this offer in Australia;
- (e) confirm that I/we am/are not a US citizen, a resident in the US, and that I/we do not have an obligation to pay tax to the US tax authorities on your worldwide income;
- (f) confirm that I/we have provided my/our tax residency status, including all countries in which I/we am/are a tax resident and the respective TIN or relevant reason;
- (g) acknowledge that I/we were received a complete copy of the PDS and the AIB before or at the same time as you received this Form;
- (h) have read and understood the PDS and the AIB of the relevant Fund(s), and agree to be bound by the terms and conditions of the PDS and the provisions of the Constitution of the relevant Fund(s), as amended from time to time;
- (i) have read the TMD of the relevant Fund(s) and fall within the suitability and eligibility criteria contained therein;
- (j) understand the risks associated with an investment in the Fund(s), including those outlined in the PDS and the AIB;
- (k) acknowledge that none of the Responsible Entity nor any of its related entities guarantees the performance of, or the repayment of capital or any particular rate of return or any distribution of the Fund(s);
- (l) warrant that I/we will not knowingly do anything to put CDAL in breach of anti-money laundering and counter-terrorism financing laws, and confirm that the money used to fund my/our investment has not been derived from, nor relate to, any money laundering or terrorism financing activities;
- (m) agree to the terms and conditions of appointment of an authorised agent;
- (n) have read and understood the privacy disclosure as described in the PDS, AIB and website. <http://www.capitaldynamics.com.au/privacy-policy/>;
- (o) am/are aware that until I/we inform the Responsible Entity otherwise I/we will be taken to have consented to the collection, use, storage and disclosure of my/our personal information, to process my/our application, administer my/our investment and comply with any relevant laws (including US FATCA and/or CRS), in accordance with the Responsible Entity's privacy policy;
- (p) agree to submit this Form, additional application and withdrawal instructions by post or by Investor Portal. Where instructions are submitted via Investor Portal, I/we agree to be bound by the applicable terms and conditions;
- (q) understand that if I/we fail to provide any information requested in this Form or do not agree to any of the possible exchanges or uses detailed above, my/our application may not be accepted by the Responsible Entity;
- (r) agree to submit this Form, additional application and withdrawal instructions by post or by Investor Portal. Where instructions are submitted via Investor Portal, I/we agree to be bound by the applicable terms and conditions; and
- (s) acknowledge and agree that future transactions in the Fund(s) will be made on the terms of the current PDS and that the declarations, warranties and acknowledgements made in this Form will also apply to all such future transactions.

Signatures

Investor type	Who should sign
Individual	Sole investor must sign.
Joint Investors	All investors must sign.
Partnership	Each partner must sign.
Companies	Two directors or a director and the company secretary or a sole director who is also the secretary. If the company's constitution specifies otherwise, please attach a certified copy of the constitution (this does not apply to sole directors).
Trust / Superannuation Fund	Trustee to sign, ie: (i) each individual acting as trustee; or company acting as trustee (per company requirements above)

Signatory 1

Name	
Signature	
Capacity (mandatory for company)	<input type="checkbox"/> Director <input type="checkbox"/> Sole director <input type="checkbox"/> Secretary
Date (dd/mm/yyyy)	

Signatory 2

Name	
Signature	
Capacity (mandatory for company)	<input type="checkbox"/> Director <input type="checkbox"/> Secretary
Date (dd/mm/yyyy)	

If there are more than 2 signatories, please provide their signatures and details on a separate sheet and tick this box.

Section 13 Checklist

- Have you completed all sections relevant to you (See page 1)?
- Have you provided certified copies of required documents (See Section 14)?
- Have you SIGNED and DATED this Form?

If you can tick all of the boxes, please send the completed Form and certified copies of identification documents via;

- Investor Portal; or
- Mail to:
Capital Dynamics (Australia) Limited
c/- Boardroom Pty Limited, GPO Box 3993, Sydney NSW 2001
Australia

Section 14 Required documents

The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 requires Capital Dynamics (Australia) Limited to obtain the relevant identification details and certified copies of the identity documents from investors. Refer to the Anti-Money Laundering and Counter Terrorism Financing Act information provided in Section 9 of the Additional Information Booklet.

Where any required document provided is in a language that is not English, it must be accompanied by an English translation prepared by an accredited translator.

14.1 Individuals, sole traders, individual trustees, beneficial owners, partners, settlors.

Option 1 – Provide one certified document from the list below.

- Current driver's licence
- Australian passport (current within the preceding 2 years)
- Foreign passport or similar document issued for the purpose of international travel, that contains a photograph and the signature of the person in whose name the document is issued
- National Identity Card issued by a foreign government containing a photograph of the person in whose name it was issued
- Foreign driver's licence that contains a photograph of the person in whose name it was issued

Option 2 – Provide one certified primary AND one certified secondary non-photographic identity document from the list below.

Primary non-photographic identity documents

- Birth certificate
- Citizenship certificate
- Pension or health card from Centrelink

Secondary non-photographic identity documents

- Notice from Commonwealth or State or Territory as evidence of entitlement to a financial benefit
- Notice from Australian Tax Office recording a debt payable by or to ATO
- Utilities or local government body notice (within preceding 3 months) e.g. rates notice, phone, gas or electricity bill
- Statement from bank or building society (within last 3 months)

*Please note that residential address does not include a post office box. For sole traders, please also provide a certificate of business registration listing the proprietor(s) if available.

14.2 Company

(i) Australian companies

- Certificate of business registration issued by ASIC
- Identification documents for two directors(or sole director) – see Section 14.1.
- Identification documents for all beneficiaries – see Section 14.1.

(ii) Foreign company registered by ASIC

- Certificate of business registration issued by ASIC
- Identification documents for two directors(or sole director) – please refer to Documents required for Individual
- Identification documents for beneficiaries – please refer to Documents required for Individual

(iii) Foreign company not registered by ASIC

- Certificate or registration (or equivalent) issued by the relevant foreign registration body.
- Identification documents for directors(or sole director) – please refer to Documents required for Individual

14.3 Self-managed superannuation funds (SMSF)

- Copy of an extract of Trust Deed identifying the name of the fund and the Trustee.
- Trustee(s) who are individuals must provide the documents as set out in Section 14.1.
- Trustee(s) which are companies must provide the additional information as set out in Section 14.2.

14.4 Trust (excluding SMSF)

- Certified copy of the extract of the trust deed identifying the name of the trust and the parties to the trust.
- Trustee(s) who are individuals must provide the documents as set out in Section 14.1.
- Trustee(s) which are companies must provide the additional information as set out in Section 14.2.
- All individuals listed as either a settlor or beneficial owner must provide identification documents as set out in Section 14.1.

14.5 Partnership

- Partnership agreement or extract of partnership minutes.
- Partners who are individuals must provide the documents as above for individuals.

Who Can Certify Identity Documents?

For Australian Investors

The copies of the identity documents you provide with your application form must be certified as being a true and accurate copy of the original by someone who appears in the list below:

- A legal practitioner enrolled on the roll of the Supreme Court of an Australian State or Territory, or the High Court of Australia;
- A judge of a court;
- A magistrate;
- A chief executive officer of a Commonwealth court;
- A registrar or deputy registrar of a court;
- A Justice of the Peace (a.k.a. JP);
- A notary public (for the purposes of Statutory Declaration Regulations 1993);
- A police officer;
- An agent of Australia Post, who is in charge of an office supplying postal services to the public;
- A permanent employee of Australia Post with 2 or more years continuous service who is employed in an office supplying postal services to the public;
- An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955);
- An officer with 2 or more years continuous service with one or more financial institutions (for the purposes of Statutory Declaration Regulations 1993) e.g. bank manager;
- An officer with 2 or more years continuous service with one or more finance companies (for the purposes of Statutory Declaration Regulations 1993) e.g. finance company manager;
- An officer or a representative with 2 or more years continuous service with one or more holders of an Australian financial services licence e.g. financial planner;
- A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years continuous membership e.g. Accountant or CPA.

It is preferred that certifications are accompanied by the person's full name, title and registration number (if they are assigned one in their country of origin) and/or an official office stamp e.g. police office stamp, law court stamp etc.

Certified documents will not be returned to the investor.

For non-Australian Investors

- A legal practitioner who holds a current practicing certificate under a law in force in a State or Territory in Australia
- An officer of an Australian bank, building society or finance company branch or office located in a foreign jurisdiction with 2 or more years of continuous service
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- Employee of the Australian Trade and Investment Commission who is:
 - in a country or place outside of Australia; and
 - authorised under paragraph 3(d) of the Consular Fees Act 1955; and
 - exercising his or her function at that place
- Employee of the Commonwealth who is:
 - in a country or place outside Australia; and
 - authorised under paragraph 3(c) of the Consular Fees Act 1955; and
 - exercising his or her function in that place
- Judge of a court
- Magistrate
- Registrar, or Deputy Registrar, of a court
- A person authorised as a notary public in a foreign jurisdiction
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the Institute of Public Accountants
- A person who is authorised by law in the relevant jurisdiction to administer oaths or affirmations or to authenticate documents.