

**1851 | EMERGING COMPANIES FUND**

# **APPLICATION FORM**

**INVESTMENT MANAGER AND ISSUER:**

**1851 | CAPITAL**

1851 Capital Pty Ltd | [www.1851capital.com.au](http://www.1851capital.com.au) | ABN 51 632 063 239 | AFSL No. 515 872

# APPLICATION FORM

1851 Capital Pty Ltd ABN 51 632 063 239

1851 Emerging Companies Fund ABN 88 262 648 719

This Initial Application Form relates to Information Memorandum dated 1 December 2019 ("IM") issued by 1851 Capital Pty Ltd (1851 Capital) ABN 51 632 063 239, AFSL NO 515 872, for the offer of units in 1851 Emerging Companies Fund ("Fund"). Terms defined in the IM have the same meaning in this Initial Application Form. The IM contains important information about investing in the Fund, and you are advised to read the IM before completing this Initial Application Form.

**POST YOUR APPLICATION**

Mainstream Fund Services Pty Ltd  
1851 Emerging Companies Fund  
GPO Box 4968 Sydney NSW 2001

**FOR ASSISTANCE**

Contact Mainstream  
T: +61 2 8259 8888  
Toll Free: 1300 133 451  
E: registry@mainstreamgroup.com

**This form is an editable PDF. You may complete digitally by typing within the fields relevant to you and printing and signing once completed. Alternatively, you may print this template and complete relevant fields by hand.**

Please tick one box below and complete the relevant sections of the Application Form.

INVESTOR TYPE	COMPLETE SECTIONS	PAGES
Individual/Joint Investors/Sole Trader	Sections 1, 5 & 6*	3, 10, 13
Company	Sections 2, 5 & 6*	4, 10, 13
Trust/Superannuation Fund – Individual Trustee	Sections 3, 4, 5 & 6*	7, 9, 10, 13
Trust/Superannuation Fund – Corporate Trustee	Sections 2, 3, 5 & 6*	3, 7, 10, 13

If none of the above categories are applicable (e.g. associations or partnerships), please contact Mainstream for assistance on 1300 133 451.

\*Section 6 is the Tax Status Declaration (including the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) - Self Certification), please complete the relevant tax section:

- 6.1 Individuals - Tax Status
- 6.2 Entities - Foreign Tax Status

**CERTIFYING A COPY OF AN ORIGINAL DOCUMENT**

All documents must be provided in a certified copy format – in other words, a copy of the original document that has been certified by an eligible certifier.

A 'certified extract' means an extract that has been certified as a true copy of some of the information contained in a complete original document by one of the persons described below.

**People who can certify documents or extracts are:**

- A lawyer, being a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described).
- A magistrate, a chief executive officer of a Commonwealth court or a judge, registrar or deputy registrar of a court.
- A Justice of the Peace.
- A notary public (for the purposes of the Statutory Declaration Regulations 1993).
- An agent of the Australian Postal Corporation (APC) who is in charge of, or a permanent employee of the APC with 2 or more years of continuous service who is employed in an office supplying postal services to the public.
- A police officer or an Australian consular officer or an Australian diplomatic officer (under the Consular Fees Act 1955).
- An officer with 2 or more continuous years of service with one or more financial institutions (under the Statutory Declaration Regulations 1993).
- A finance company officer with 2 or more continuous years of service with one or more financial companies (under the Statutory Declaration Regulations 1993).
- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence, having 2 or more continuous years of service with one or more licensees.
- A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

Please note that we require the copy which was actually signed by the certifier (i.e. the original penned signature of the certifier).

## 1. INDIVIDUAL/JOINT INVESTORS/SOLE TRADER DETAILS

Complete this section if the Investor is investing in their own names, including as a sole trader.

### INVESTOR 1

Title	Date of Birth		
Given Names	Surname		
Occupation	Country of Birth		
Tax File Number or Exemption Code	Country of Residence for Tax Purposes		
Residential Address (not a PO Box)			
Suburb	State	Postcode	Country
Mobile Number (mandatory)	Telephone		
Email (mandatory)			

Investors are encouraged to provide their email address so that they can receive a copy of the relevant reports. Certain reports will only be sent by email.

### INVESTOR 2 (Only applicable for Joint Investors)

Title	Date of Birth		
Given Names	Surname		
Occupation	Country of Birth		
Tax File Number or Exemption Code	Country of Residence for Tax Purposes		
Residential Address (not a PO Box)			
Suburb	State	Postcode	Country
Mobile Number	Telephone		
Email			

Investors are encouraged to provide their email address so that they can receive a copy of the relevant reports. Certain reports will only be sent by email.

***If there are more than two individuals, please provide details and attach to this application form.***

**SIGNING AUTHORITY (For applications with two or more individuals)**

Any one investor to sign; or  
All investors to sign

If no selection is made, all investors will be required to sign.

**ADDITIONAL INFORMATION FOR SOLE TRADER (Only if applying as a Sole Trader)**

Full Business Name (if any)

Australian Business Number (if obtained)

Address of Principal Place of Business (not a PO Box). If residential address, mark 'As 'Above'.

Suburb	State	Postcode	Country
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**2. COMPANY (INCLUDING CORPORATE TRUSTEE) – DETAILS**

**Complete this section if the Investor is investing for, or on behalf of, a company (including as the corporate trustee for a trust/superannuation fund).**

Full Company Name

Country of Formation, Incorporation or Registration	Country of Residence for Tax
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Tax File Number or Exemption (Australian residents)	ACN	ABN (if registered in Australia)
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Principal business activity

Name of Regulator (if licensed by an Australian Commonwealth, State or Territory statutory regulator)

**DETAILS OF TWO DIRECTORS**

Director 1 – Full Name	Date of Birth
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Director 2 – Full Name (if not a Sole Director Company)	Date of Birth
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Registered Business Address in Australia or in Country of Formation

Suburb	State	Postcode	Country
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Principal Place of Business (not a PO Box address)

Suburb	State	Postcode	Country
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**TYPE OF COMPANY**

**If an Australian Company**, registration status with ASIC.

Private/Proprietary Company      Public Company (Company whose name does not include Pty or proprietary)

**If a Foreign Company**, registration status with the relevant foreign registration body.

Private/Proprietary Company      Public Company      Other – please specify below

Name of Relevant Foreign Registration Body

Foreign Company Identification Number

Is the Company listed?

No      Yes - Name of Market/Stock Exchange

If the company is **registered as a proprietary company by ASIC** or is a **private company registered by a foreign registration body**, please list the name of each director of the company.

Director 1 – Full Name

Director 4 – Full Name

Director 2 – Full Name

Director 5 – Full Name

Director 3 – Full Name

Director 6 – Full Name

If there are more than six directors please provide full names separately and attach to this Application.

If the company is an Australian proprietary or an unregulated foreign company, please provide details for each Beneficial Owner having more than 25 per cent of the company's issued share capital.

**BENEFICIAL OWNER 1**

Given Names

Surname

Date of Birth

Occupation

Residential Address (not a PO Box)

Suburb

State

Postcode

Country

**BENEFICIAL OWNER 2**

Given Names

Surname

Date of Birth

Occupation

Residential Address (not a PO Box)

Suburb

State

Postcode

Country

**BENEFICIAL OWNER 3**

Given Names

Surname

Date of Birth

Occupation

Residential Address (not a PO Box)

Suburb

State

Postcode

Country

**INDIVIDUALS CONTROLLING THE COMPANY**

If there are no individuals who meet the above requirements, provide the names of the individuals who directly or indirectly control\* the company.

\* includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices; voting rights of 25% or more; or power of veto. If no such person can be identified then the most senior managing official/s of the company (such as the managing director or directors who are authorised to sign on the company's behalf).

**OTHER BENEFICIAL OWNER 1**

Given Names

Surname

Role (such as Managing Director)

Residential Address (not a PO Box)

Date of Birth

Occupation

**OTHER BENEFICIAL OWNER 2**

Given Names

Surname

Role (such as Managing Director)

Residential Address (not a PO Box)

Date of Birth

Occupation

**OTHER BENEFICIAL OWNER 3**

Given Names

Surname

Role (such as Managing Director)

Residential Address (not a PO Box)

Date of Birth

Occupation

## CONTACT PERSON DETAILS

Given Names

Surname

Residential Address (not a PO Box)

Suburb

State

Postcode

Country

Mobile Number (mandatory)

Telephone

Email (mandatory)

\*Investors are encouraged to provide their email address so that they can receive a copy of the relevant reports. Certain reports will only be sent by email.

## 3. TRUST/SUPERANNUATION FUND – DETAILS

**Complete this section if the Investor is investing for, or on behalf of, a Trust/Superannuation Fund.**

Full Name of Trust/Superannuation Fund

Country of Establishment

Tax File Number or Exemption Code

Country of Residence for Tax Purposes

Australian Business Number (if any)

Full name of settlor(s) (being the person(s) who settles the initial sum or assets to the Trust - applicable for Unregulated Trust only.

### TYPE OF TRUST

(Please tick ONE box from the following list to indicate the type of Trust and provide the information below)

**Type: A** Regulated Trust (e.g self-managed superannuation fund)

Name of Regulator (e.g ASIC, APRA, ATO)

Registration/Licensing details

**Type: B** Foreign Superannuation Fund

Name of Regulator

Registration/Licensing details

**Type: C** Unregulated Trust

Trust Description (e.g. family, unit, charitable, discretionary)

Describe class of beneficiaries below (e.g. unit holders, family members, charitable purposes)

**BENEFICIARIES**

Provide the full names of all company and individual beneficiaries.

Beneficiary 1 – Full Name

Beneficiary 4 – Full Name

Beneficiary 2 – Full Name

Beneficiary 5 – Full Name

Beneficiary 3 – Full Name

Beneficiary 6 – Full Name

***If there are more than six beneficiaries please provide their full names on a separate page and attach to this Application Form.***

**INDIVIDUALS CONTROLLING THE TRUST**

Provide the names of the individuals that directly or indirectly control\* the Trust. If this is confirmed to be the individual identified as the Trustee, they must be listed again below to confirm that they are the Trust’s Beneficial Owners.

\* includes control by acting as Trustee; or by means of trusts, agreements, arrangements, understandings and practices; or exercising control through the capacity to direct the Trustees; or the ability to appoint or remove the Trustees.

**BENEFICIAL OWNER 1**

Given Names

Surname

Role (such as Managing Director)

Residential Address (not a PO Box)

Date of Birth

Occupation

**BENEFICIAL OWNER 2**

Given Names

Surname

Role (such as Managing Director)

Residential Address (not a PO Box)

Date of Birth

Occupation

**BENEFICIAL OWNER 3**

Given Names

Surname

Role (such as Managing Director)

Residential Address (not a PO Box)

Date of Birth

Occupation



**BENEFICIAL OWNER 4**

Given Names

Surname

Role (such as Managing Director)

Residential Address (not a PO Box)

Date of Birth

Occupation

**4. INDIVIDUAL TRUSTEE – DETAILS****INDIVIDUAL TRUSTEE 1**

Title

Date of Birth

Given Names

Surname

Residential Address (not a PO Box)

Suburb

State

Postcode

Country

Mobile Number

Telephone

Email

Investors are encouraged to provide their email address so that they can receive a copy of the relevant reports. Certain reports will only be sent by email.

**INDIVIDUAL TRUSTEE 2**

Title

Date of Birth

Given Names

Surname

Residential Address (not a PO Box)

Suburb

State

Postcode

Country

Mobile Number

Telephone

Email

Investors are encouraged to provide their email address so that they can receive a copy of the relevant reports. Certain reports will only be sent by email.

## 5.1 INVESTMENT DETAILS

### Investment Amount

Initial Investment \$	Distribution Method*
	Reinvest      Pay to bank

\* The distribution amount can be allocated to either Reinvest or Pay to Bank. Please indicate your choice by ticking the appropriate box. If left blank, distributions will be reinvested.

### Source of funds being invested (tick the most relevant option)

Retirement income      Employment income      Business activities      Sale of assets      Inheritance/gift  
Financial investment  
Other (please specify)

### Payment Details

Please pay the investment to the following account:

#### Electronic Funds Transfer or Direct Deposit

**Bank:** National Australia Bank 082-401

**BSB:** 082-401

**Account Number:** 939143178

**Account Name:** Mainstream Fund Services Pty Ltd ACF <1851 Emerging Companies Fund Application Account>

Note: Please email payment remittance to registry@mainstreamgroup.com

OR

**Cheque made payable to:** Mainstream Fund Services Pty Ltd ACF <1851 Emerging Companies Fund>

### Distribution Account Details

This section must be completed for Fund distributions

Australian Bank/Institution      Branch

Account Name

BSB      Account Number

The name of the Investor's nominated bank account must be the same as the Investor's name.

Please indicate who should receive communications such as transaction confirmations, statements and other material.

Investor Only      Advisor Only      Both

## 5.2 ADVISER OR AGENT

**By filling out this section, you nominate and consent the named advisor access to your information.**

### 5.2.1 ADVISER OR AGENT

I am a financial adviser completing this application form as an authorised representative or an agent

Name of Adviser      AFSL Number (if financial adviser)

Dealer Group (if financial adviser)

Name of Advisory Firm

Postal Address

Suburb

State

Postcode

Country

Email Address of Advisory Firm (required if financial advisor)

Email Address of Adviser

Business Telephone

Facsimile

### 5.2.2 ACCESS TO INFORMATION

Unless you elect otherwise, your financial adviser will have access to your account information and will receive copies of all statements and transaction confirmations.

Tick this box if you **DO NOT** want your financial adviser to have access to information about your investment.

Tick this box if you **DO NOT** want copies of statements and transaction confirmations sent to your adviser.

## 5.3 AML IDENTIFICATION DOCUMENTS

To comply with the AML requirements, we must collect certain information from prospective investors supported by **ORIGINAL CERTIFIED COPIES** of the identification documents for all investors as described below.

Please refer to page 1 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process an Application.

### Group A – Individual Investors

Each individual investor, individual trustee, beneficial owner, or individual agent or authorised representative must provide one of the following:

An Australian driver's licence (or foreign equivalent) including your photo & signature; or

An Australian passport expired no more than 2 years previously or a current foreign passport including your photo and signature; or

An identity card issued by a State or Territory Government that includes a photo; or

If you do not have one of the above documents, then ONE OF an Australian birth or citizenship certificate or DHS pension card PLUS one of either of the following showing the residential address and name of the investor: A notice issued by the ATO showing a debt payable by you which is not more than 12 months old (please block out TFN) OR a utilities or local government notice for services to the address which is no more than 3 months old.

### Group B – Trusts (Retail Funds, Regulated or Government Superannuation Funds including SMSFs and Registered Charitable Trusts)

Provide Group A verification documents for each individual Trustee or Group D or E verification documents for Corporate Trustees, and provide one of the following including the Trust's full name and type:

A copy of the company search from the relevant regulator's website e.g. APRA, ASIC or the ATO database; or

Copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.

**NOTE:** For Corporate Trustees, you need to also refer to Group D

### Group C – Other Trusts (unregulated)

Provide Group A verification documents for each Individual Trustee or Group D or E verification documents for the Corporate Trustee and Group A verification documents for each beneficial owner\* of the Trust. For the Trust, provide one of the following:

Certified copy or certified extract of the Trust Deed/Constitution containing the signature page; or

Annual report or audited financial statements; or

A certified copy of a notice received by the ATO in the last 12 months; or

A certified copy of a notice issued by the ATO within the previous 12 months.

\*A beneficial owner of a trust is any individual who has a 25% or more interest in the trust or controls the trust. This includes the appointor (who can appoint or remove the trustees), the settlor of, and the beneficiaries with at least a 25% interest in, a trust.

#### Group D – Australian companies

Provide Group A verification documents for each beneficial owner\* and for the Company provide one of the following including the Company's full name, type (private or public) and ACN:

A certificate of registration or incorporation issued by ASIC or the relevant foreign registration body (must show full name of company, name of registration body, company identification number and type of company – private or public); or

A full company search issued in the previous 3 months; or

A certificate of Company Registration; or

If the company is listed, or is a majority owner of a listed company, on the ASX, provide details of the exchange and the ticker code; or

A copy of information regarding the company's licence or other information held by the relevant regulatory body e.g. AFSL, RSE, ACL etc.

\*A beneficial owner of a company is anyone (either directly or indirectly) who can exercise 25% or more of the voting rights, including a power of veto, or who holds the position of senior managing official or equivalent.

#### Group E – Foreign companies

Provide Group A verification documents for each beneficial owner\* and for the Company provide one of the following including the Company's full name, type (private or public) and its ARBN or foreign regulator identification number:

A certified copy of the company's Certificate of Registration or incorporation issued by ASIC or the equivalent issued by the foreign jurisdiction's in which the company was incorporated, established or formed; or

A certified copy of the company's articles of association or constitution; or

A copy of a company search on the ASIC database or relevant foreign registration body.

\*A beneficial owner of a company is anyone (either directly or indirectly) who can exercise 25% or more of the voting rights, including a power of veto, or who holds the position of senior managing official or equivalent.

#### Group F - Agents and representatives

Each agent or authorised representative must provide one of the following\*:

If you are an Individual Agent or Representative – please provide the identification documents listed for individuals above; or

If you are a Corporate Agent or Representative – please provide the identification documents listed above for companies.

\*Agents and authorised representatives must also provide a certified copy of their authority to act for the investor e.g. the POA, guardianship order etc.

### 5.4 AUTHORISED REPRESENTATIVE APPOINTMENT

Complete this section if an Investor wishes to appoint a person to act in a legal capacity as their authorised representative and to operate the investment in the Fund on their behalf. In general, an authorised representative can do everything an Investor can do with their investment, except appoint another authorised representative.

We may act on the sole instructions of the authorised representative until the Investor advises us in writing that the appointment of the authorised representative has been terminated. We may also terminate or vary an appointment of an authorised representative on giving an Investor 14 days prior notice.

If an authorised representative is a partnership or a company, any one of the partners or any Director of the company is individually deemed to have the powers of the authorised representative.

Please attach a certified copy of your authority document such as a Power of Attorney. The authority document must be current and complete, and must permit the authorised representative to transact on your behalf.

#### AUTHORISED REPRESENTATIVE DETAILS

Given Names

Surname

Signature of authorised representative

Date

## 5.5 DECLARATION AND SIGNATURES

### I/we declare and agree each of the following:

- a. I/we have read the current IM to which this application applies and have received and accepted the offer in it, including the risks as they are outlined in the IM and the risks associated with this application and holding units in the Fund.
- b. My/our application is true and correct.
- c. I am/we are bound by any terms and conditions contained in the current IM, including the terms for transmission of information by electronic instructions and the provisions of the Constitution of the Fund as amended from time to time.
- d. I/we have legal power to invest.
- e. If this is a joint application, each of us agrees that our investment is as joint tenants. Each of us is able to operate the account and bind the other to any transaction including investments or withdrawals by any available method.
- f. If investing as trustee on behalf of a super fund or trust, I/we confirm that I am/we are acting in accordance with my/our designated powers and authority under the relevant trust deed. In the case of a super fund, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993.
- g. I/we acknowledge that none of The Trust Company (RE Services) Limited ABN 45 003 278 831 or any of their related entities, officers or employees or any related company or any of the appointed service providers including the Investment Manager, Administrator and Custodian guarantee the repayment of capital or the performance of the Fund or of any particular rate of return by the Fund, nor do they make any recommendation as to the suitability or taxation consequences of investing in the Fund.
- h. I/we agree to the anti-money laundering and counter-terrorism financing statements contained in the IM. I/ we agree to provide further information or personal details to The Trust Company (RE Services) Limited and the Administrator and Custodian if required to meet their obligations under any anti-money laundering and counter-terrorism law and regulations, and acknowledge that processing my/our application may be delayed and will be processed at the unit price applicable for the business day on which all required information has been received and verified, and if the information or documentation requested is not provided, the application may be refused.
- i. I/we have read and understood the privacy disclosure as detailed in the IM and agree to be bound by The Trust Company (RE Services) Limited's, Mainstream's and 1851 Capital's privacy policies. I/we consent to my/our personal information being collected, held, used and disclosed in accordance with the privacy disclosure and each of the Responsible Entity's, Investment Manager's, Administrator and Custodian's privacy policies. I/we consent to The Trust Company (RE Services) Limited disclosing this information to my/our financial adviser (named in this form) for units in the Fund. Where the financial adviser no longer acts on my/our behalf, I/we will notify The Trust Company (RE Services) Limited of the change.
- j. If I/we have appointed an authorised representative, I/we release, discharge and indemnify The Trust Company (RE Services) Limited from any loss, expense, action or other liability which may be suffered by, brought against me/us or The Trust Company (RE Services) Limited for any action or omissions by the authorised representative whether authorised by me/us or not.
- k. I/we certify that the information provided in the separate identification forms, including information relating to tax-related requirements, is reasonable based on verifiable documentation, and agree to promptly notify The Trust Company (RE Services) Limited or the Administrator and Custodian and provide them with any changes to the information provided in connection with this Application.

Signature 1\*

Full Name

Date

Tick capacity (mandatory for companies):

Sole Director and Company Secretary  
Director      Secretary

Signature 2\*

Full Name

Date

Tick capacity (mandatory for companies):

Director  
Secretary

\*Joint applicants must both sign.

\*For Individual Trustee Trust/Superannuation Funds each individual trustee must sign.

\*For Corporate Trustee Trust/Superannuation Funds two Directors, a Director and Secretary or Sole Director must sign.

## 6 TAX STATUS DECLARATION

### Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) – Self Certification

**Individuals should complete section 6.1.**

**Entities including companies and corporate trustees of SMSF should complete section 6.2**

## 6.1 INDIVIDUALS - TAX STATUS DECLARATION FORM

### Guide to completing this section

This section is designed to collect the tax status of an individual where the individual has been identified as a potential taxpayer of a country other than Australia.

- Complete one form for each individual. Complete all applicable sections of this form in BLOCKLETTERS.
- Tax information must be collected from the individual.
- PLEASE NOTE: The individual may be treated as being a non-Australian taxpayer if the requested information is not provided.

#### 6.1.1 Tax Information

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

Please answer **both** tax residency questions:

Is the individual a tax resident of Australia?	Yes	No
Is the individual a tax resident of another Country?	Yes	No

**If the individual is a tax resident of a country other than Australia, please provide their tax identification number (TIN) or equivalent below. If they are a tax resident of more than one other country, please list all relevant countries below.**

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

1.	Country	TIN	If no TIN, list reason A, B or C
2.	Country	TIN	If no TIN, list reason A, B or C
3.	Country	TIN	If no TIN, list reason A, B or C

If there are more countries, provide details on a separate sheet and tick this box

Reason A The country of tax residency does not issue TINs to tax residents

Reason B The individual has not been issued with a TIN

Reason C The country of tax residency does not require the TIN to be disclosed

#### 6.1.2 Declaration

By completing and signing this declaration:

- I certify that the information I have provided is true and correct; and
- I undertake to provide a suitably updated Tax Status Declaration within 30 days of any change in circumstances which causes the information contained herein to become incorrect.

#### Individual Declaration (The person named in this form)

Signature

Date

## 6.2 ENTITIES – FOREIGN TAX STATUS DECLARATION FORM

### Guide to completing this section

- This section is required for any entity that is required to confirm:
  - a. Its FATCA status,
  - b. Its CRS status, or
  - c. Whether it or any of its controlling persons are foreign tax residents,
- Complete one form for each entity. Complete all applicable sections of this form in BLOCK LETTERS.
- An entity can be a company, trust, partnership, association, registered co-operative or government body.
- Tax information must be collected from an authorised representative of the entity

#### 6.2.1 Superannuation Funds

Is this investment held on behalf of an Australian regulated superannuation fund (including a complying SMSF), retirement or pension fund? If Yes - Proceed to 6.2.4

No - proceed to 6.2.2

## 6.2.2 Tax Information

Tick **one** of the Tax Status boxes below 1,2,3 or 4 (if the entity is a Financial Institution, please provide all the requested information below)

- 1. Type of Financial Institution** (A custodial or depository institution, an investment entity or a specified insurance company for FATCA / CRS purposes)

If the entity is a Financial Institution but does not have a GIIN, provide its FATCA status (select ONE of the following statuses)

- Deemed Compliant Financial Institution
- Excepted Financial Institution
- Exempt Beneficial Owner
- Non Reporting IGA Financial Institution

(If the Entity is a Trustee-Documented Trust, provide the Trustee's GIIN)

- Non-participating Financial Institution
- US Financial Institution
- Other (describe the FATCA status in the box provided)

### Please answer the question below for all financial institutions

Is the Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution?

- Yes      No

If Yes, proceed to section 6.2.3 (Foreign Controlling Persons). If No, please go to section 6.2.5 to complete the form. CRS Participating Jurisdictions are on the OECD website at: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction>.

- 2. A Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation, Central Bank, an Australian Registered Charity or Deceased Estate**

If the entity type is listed above, please proceed to section 6.2.5 to complete the form.

- 3. A Foreign Charity or an Active Non-Financial Entity (NFE)** (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income. For other types of Active NFEs, refer to Section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at [www.oecd.org](http://www.oecd.org).)

If the entity is a Foreign Charity or an Active NFE, please proceed to section 6.2.4 (Country of Tax Residency).

- 4. Other** (Entities that are not previously listed – Passive Non-Financial Entities) Please proceed to section 6.2.3 (Foreign Controlling Persons).

## 6.2.3 Foreign Controlling Persons (Individuals)

Does the entity have any Controlling Persons\* who are tax residents of countries other than Australia?

- Yes      No

\* A Controlling Person is any individual who directly or indirectly exercises control over the entity. For a company, this includes any beneficial owners controlling more than 25% of the shares in the company. For a Trust, this includes Trustees, Settlers or Beneficiaries. For a partnership this includes any partners.

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

If Yes, please provide the details of these individuals below and complete a separate Individual Identification Form for each Controlling Person (unless already provided as Beneficial Owner).

Full Name	Role (such as Director or Senior Managing Official)
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If there are more Controlling Persons, provide details on a separate sheet and tick this box.

Proceed to section 6.2.4.

**6.2.4 COUNTRY OF TAX RESIDENCY**

Is the entity a tax resident of a country other than Australia?

Yes No

If Yes, please provide the entities' country of tax residence and tax identification number (TIN) or equivalent below. If the entity is a tax resident of more than one other country, please list all relevant countries below.

If No, please proceed to section 6.2.5 to complete the form.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax FileNumber in Australia or an Employer Identification Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

- 4. Country TIN If no TIN, list reason A, B or C
- 5. Country TIN If no TIN, list reason A, B or C
- 6. Country TIN If no TIN, list reason A, B or C

If there are more countries, provide details on a separate sheet and tick this box Reason A The country of tax residency does not issue TINs to tax residents

Reason B The individual has not been issued with a TIN

Reason C The country of tax residency does not require the TIN to be disclosed

**6.2.5 DECLARATION**

By completing and signing this declaration:

- I certify that the information I have provided is true and correct; and
- I undertake to provide a suitably updated Tax Status Declaration within 30 days of any change in circumstances which causes the information contained herein to become incorrect.

**ENTITY DECLARATION** (To be completed by an authorised representative of the entity, such as a Director or Trustee)

Given Names Surname

Capacity (Company Director, Trustee, etc) Date

Signature

**Post your original signed Initial Application Form, Identification Forms and certified copies of your identification required to:**

**Mainstream Fund Services Pty Ltd (Mainstream)**

1851 Emerging Companies Fund  
GPO Box 4968  
Sydney NSW 2001  
Email: registry@mainstreamgroup.com  
Phone: 1300 133 451

**Please ensure that you have transferred your Application Monies or enclosed a cheque for payment.**



# DIRECT DEBIT REQUEST

Request and Authority to debit the account names below to pay **Mainstream Fund Services Pty Ltd**

## Request and Authority to Debit

Your Surname or Company Name

Your Given Names or ABN/ARBN

Request and authorise **Mainstream Fund Services Pty Ltd (Mainstream)** to arrange, through its own financial institution, a debit to your nominated account any amount **Mainstream** has deemed payable to you.

The debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Service Agreement.

## Insert the Name and Address of the Financial Institution at which the Account is Held.

Financial Institution Name

Address

## Insert Details of Account to be Debited

Name/s on Account

BSB number (must be 6 digits)

Account Number

## Acknowledgement

By **signing** and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **Mainstream** as set out in this Request and in your Direct Debit Service Agreement.

Signature

Date

(if signing for a company, sign and print full name and capacity for signing e.g. director)

Please send your signed form to:

Mainstream Fund Services Pty Ltd  
1851 Emerging Companies Fund  
GPO Box 4968  
SYDNEY NSW 2001

## Direct Debit Services Agreement

The following is your Direct Debit Service Agreement with Mainstream Fund Services Pty Ltd ABN 81 118 902 891 (Mainstream) who acts as the administrator for the 1851 Emerging Companies Fund. The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider.

We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your Direct Debit Request form or additional application form (as applicable).

## Definitions

**Account** means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

**Agreement** means this direct debit request service agreement between you and us.

**Banking day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

**Debit day** means the day that payment by you to us is due.

**Debit payment** means a particular transaction where a debit is made.

**Direct debit request** means the Direct Debit Request in the application form or additional application form

**Us** or **we** means **Mainstream**, (the Debit User) you have authorised by signing a Direct Debit Request.

**You** means the customer who has signed or authorised by other means the Direct Debit Request.

**Your financial institution** means the financial institution nominated by you on the DDR at which the account is maintained.

## Debiting your Account

- a. By signing a *Direct Debit Request* or by providing us with a valid instruction, you have authorised *us* to arrange for funds to be debited from *your account*. You should refer to the *Direct Debit Request* and this *agreement* for the terms of the arrangement between *us* and *you*.
- b. We will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request* or we will only arrange for funds to be debited from *your account* if we have sent to the address nominated by *you* in the *Direct Debit Request*, a billing advice which specifies the amount payable by *you* to *us* and when it is due.
- c. If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

*All Direct Debit payments for initial applications will be made on 24 January. It takes three days for the request to be cleared, therefore this will be the cut-off time for direct debit payments for those initial applications. Upon confirmation that the funds are cleared we will apply the funds on the next Rebalancing Date.*

## Amendments by Us

We may vary any details of this agreement or a *Direct Debit Request* at any time by giving *you* at least fourteen (14) days written notice

## Amendments by You

- a. *You* may change, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14 days) notification by writing to:
  - I. Mainstream Fund Services Pty Ltd  
1851 Emerging Companies Fund  
GPO Box 4968  
SYDNEY NSW 2001  
or
  - II. by telephoning us on 1300 133 451 during business hours;  
or  
via email to registry@mainstreamgroup.com;  
or
  - III. arranging it through your own financial institution.

## Your Obligations

- a. It is *your* responsibility to ensure that there are sufficient clear funds available in *your* account to allow a *debit payment* to be made in accordance with the *Direct Debit Request*.
- b. If there are insufficient clear funds in *your account* to meet a *debit payment*:
  - I. *you* may be charged a fee and/or interest by your *financial institution*;
  - II. *you* may also incur fees or charges imposed or incurred by us; and
  - III. *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that we can process the *debit payment*.
- c. *You* should check *your account* statement to verify that the amounts debited from *your account* are correct
- d. If **Mainstream Fund Services Pty Ltd** is liable to pay goods and services tax ("GST") on a supply made in connection with this *agreement*, then *you* agree to pay **Mainstream Fund Services Pty Ltd** on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

## Confidentiality

- a. We will keep any information (including *your account* details) in your *Direct Debit Request* confidential. We will make reasonable efforts to keep any such information that we have about *you* secure and to ensure that any of our employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information.

- b. We will only disclose information that we have about you:
  - IV. to the extent specifically required by law; or
  - V. for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

**Notice**

- a. If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* should write to

**Mainstream Fund Services Pty Ltd**  
 1851 Emerging Companies Fund  
 GPO Box 4968  
 SYDNEY NSW 2001

- b. We will notify *you* by sending a notice in the ordinary post to the address *you* have given *us* in the *Direct Debit Request*.
- c. Any notice will be deemed to have been received on the third *banking* day after posting.

**Request and Authority to debit the account named below to pay Mainstream Fund Services Pty Ltd**

Your Surname or Company Name

Your Given Names or ABN/ARBN

Account Name

Financial Institution

Branch

BSB number (must be 6 digits)

Account Number

**Acknowledgement**

By signing this direct debit request, you authorise and are providing Mainstream Fund Services Pty Ltd (user ID: 524538), in respect to your investment amount, to debit the account as described above, any amount which it may debit or charge through the direct debit system in connection with your existing savings plan investment amount and any future amounts you instruct Mainstream Fund Services Pty Ltd to invest in the 1851 Emerging Companies Fund. Also by signing, you certify that you have understood and agreed to the terms governing the direct debit arrangements between you and Mainstream Fund Services Pty Ltd.

Signature

Date

Address

Signature

Date

Address

# QUALIFIED ACCOUNTANT'S CERTIFICATE

## 1. INVESTOR DETAILS

Full given name(s) or Company name or Trustee name:          Surname:

**Residential address if an investor or company registered office address** (PO Box is NOT acceptable)

Street:

Suburb:                                  State:                                  Postcode:                                  Country:

Telephone:                                  Facsimile:                                  Email:

I acknowledge that:

- |  |   |
|--|---|
| <p>(a) this certificate is given to Mainstream Fund Services Pty Ltd to determine whether it is able to make certain offers of financial products to me in compliance with the Corporations Act 2001 (Cth);</p> <p>(b) offers of financial products made to me by 1851 Capital Pty Limited may be made on the basis of this certificate;</p> | <p>(c) I may be required to observe certain selling restrictions in Australia in relation to financial products offered to me; and</p> <p>(d) Mainstream Fund Services Pty Ltd is authorised to send the renewal certificate to my certified accountant on my behalf.</p> |
|--|---|

## 2. QUALIFIED ACCOUNTANT'S\* CERTIFICATION

Details of the Qualified Accountant\* (block letters please):

Name of firm:

### Address

Street:

Suburb:                                  State:                                  Postcode:                                  Country:

Telephone:                                  Facsimile:                                  Email:

I certify that the following is true and correct in every particular:

- (a) I am a qualified accountant<sup>1</sup> within the meaning of section 9 of the Corporations Act 2001 (Cth);
- (b) This certificate is given at the request of the investor described in Section 1 above ("Investor");
- (c) This certificate is given for the purpose of section 761G of the Corporations Act 2001 (Cth); and
- (d) The Investor<sup>2</sup> (or the person who controls the Investor where that Investor is a company or trust<sup>3</sup>) has:

Net assets of at least \$2,500,000; or

A gross income for each of the last 2 financial years of at least \$250,000 a year.

Signature of accountant

Name and title (block letters please)

Date

### 3. INVESTOR'S SIGNATURE

I declare that I have read and understood this form, and that the information set out is true and correct. Please sign below:

Signature of investor

Name and title (block letters please)

Date

#### POST OR EMAIL THIS FORM

Please return the completed certificate to the postal address provided below:

##### MAIL:

Mainstream Fund Services Pty Ltd  
1851 Emerging Companies Fund  
GPO BOX 4968  
SYDNEY NSW 2001

**EMAIL:** Email: [registry@mainstreamgroup.com](mailto:registry@mainstreamgroup.com)

- 1 **"Qualified accountant"** means a member of a professional body that is approved by ASIC in writing for the purpose of the definition. ASIC has indicated that it will approve any member of:
  - (a) The Australian Society of Certified Practising Accountants ("**ASPCA**"), who is entitled to use the post-nominals "CPA" or "FCPA", and is subject to and complies with the ICAA's continuing professional development requirements;
  - (b) The Institute of Chartered Accountants in Australia ("**the ICAA**"), who is entitled to use the post-nominals of "CA", "ACA" or "FCA", and is subject to and complies with the ICAA's continuing professional education requirements; or
  - (c) The National Institute of Accountants ("**the NIA**"), who is entitled to use the post-nominals "MNIA" or "FNIA", and it subject to and complies with NIA's continuing professional education requirements.
- 2 In calculating the net assets of \$2,500,000 or gross income of \$250,000, the Investor may include the net assets or gross income (as relevant) of any company or trust the Investor controls [see Corporations Regulation 7.6.02AC].
- 3 Where the Investor is a company or trust controlled by someone who has a certificate from a qualified accountant, the Investor may be considered wholesale [see Corporations Regulation 7.6.02AB].