



WUNALA  
CAPITAL

Wunala Capital Emerging Opportunities Fund

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# Subscription Agreement

**Manager:** Wunala Capital Pty Ltd  
ABN 13 638 318 742

CAR 1281806 of Lanterne Fund  
Services Pty Ltd  
AFSL 238198

**Trustee:** Evolution Trustees Limited  
ABN 26 611 839 519  
AFSL 486217

## Instructions

All Investors must complete and provide:

- The 'Investor and Investment Details' section on pages 2-3;
- Copies of certified identification evidence as requested in Section 3A-3C (see Appendix I for more details on what is acceptable);
- If subscribing for less than A\$500k, an accountant certificate or other suitable evidence to certify your status as a Wholesale Client (see Appendix II for a template);
- The following sections based on who is making the investment.

Investor type:	Please complete:
<input type="checkbox"/> Individual/Joint Investors/Sole Trader/Individual Trustee	Section 1A, Section 2.1, Section 3A
<input type="checkbox"/> Company/Corporate Trustee	Section 1B, Section 2.2, Section 3B
<input type="checkbox"/> Trust/Superannuation fund	Section 1C, Section 2.2, Section 3C
<i>If you do not fall into any of the above categories (i.e. partnership, agent of customer) or would require any further information, please contact the Administrator on +61 3 9020 3000.</i>	

Certified documents must have been duly certified within the last 12 months of subscription.

Please forward the completed sections, copies of certified identification evidence and accountant certificate (if applicable) to:

Apex Fund Services (Australia) Pty Ltd  
PO Box 189  
Flinders Lane, VIC 8009  
Email: [WunalaCapital@apexfunds.com.au](mailto:WunalaCapital@apexfunds.com.au) OR  
[InvestorRegistry@apexfunds.com.au](mailto:InvestorRegistry@apexfunds.com.au)  
Fax: +61 3 8648 6885

### **Payments of subscription money should be made to:**

BSB Number: 013006  
Account Number: 838279172  
Account Name: Evolution Trustees Limited ATF Wunala Capital Emerging Opportunities Fund  
SWIFT: ANZBAU3M  
Reference: (please put the name of the Investor as reference)

The Administrator reserves the right to collect more Anti-Money Laundering/Know Your Customer (AML/KYC) documents should they require it.

This Subscription Agreement forms part of the IM for the Fund. You must read the IM before completing this Subscription Agreement. All terms not defined in this Subscription Agreement but defined in the IM will have the meaning in the IM.

## Investor and Investment Details

### Investor Contact Details:

Full Name:

Phone #:

Email:

Postal Address:

Mailing Address:  
(if different to above)

### Subscription Amount:

I/we apply for a subscription amount of:

### Distributions:

I/we elect to receive distributions by:

Distribution reinvestment

Pay to bank account (below)

*If no election is made, distributions will be automatically reinvested in additional units in the same series. If you wish to change your election, you must notify the Trustee in writing.*

### Bank account details:

Please list below the bank account from which the electronic transfer of funds will be made. The bank account must be in the name of the investor<sup>1</sup>. Distribution and redemption payments will be paid into this bank account.

BSB:

Account #:

Bank Name:

Account Name:

Branch Address:

### Purpose of Investment and Source of Funds:

Please outline the purpose of investment (e.g. superannuation, portfolio investment, etc)

Please outline the source/s of initial funding and anticipated ongoing funding:

**1. Banking Information:** Please note that in cases where the name of the bank account is not in the same name as the investor as indicated above, documentary information must be provided detailing the reason for, and background to, such a "third party" payment request. Payments not originating from an account in the name of the investor are subject to an approval process. Supporting documentation on the relationship between the third party and investor will need to be provided. Should this not be to the satisfaction of the Administrator, the funds will be returned to the remitting party.

Additionally, as part of our compliance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth), the Regulations and Applicable Rules (AML Law), we require detailed verification of the investor's identity and the source of the payment of the application money. If your bank is unable to wire the funds as per the specifications mentioned, we will request your bank to confirm to us in writing that the funds were wired from a bank account held with them in the name of the investor. We reserve the right to request such information as is necessary to verify the identity of any investor.

## Declaration

I/we request you to issue the units applied for and authorise you to register the applicant as the holder(s) of the units. I/we declare that the execution of this Subscription Agreement by me/us constitutes a representation by each applicant that:

- I/we have read and understood the IM for the Fund dated July 2021;
- this Subscription Agreement was detached from the IM for the Fund;
- Upon allotment of units in the Fund, I/we agree to be bound by the terms of the IM and the Trust Deed of the Fund, as amended from time to time;
- I/we understand that neither the repayment of capital nor the performance of the Fund is guaranteed by any person, including the Manager;
- I am/we are a Wholesale Client or, in the case of an offer in New Zealand, a New Zealand Eligible Investor;
- the details given in this Subscription Agreement and in the AML Supplement are true and correct and that I/we have the legal power to invest in accordance with this application;
- I/we authorise Trustee and Administrator to apply the TFN or ABN provided in this Subscription Agreement and authorise it to be applied to all future applications and redemptions for units in the Fund, including reinvestments, unless I/we advise Administrator otherwise;
- I/we have read the section of the IM titled "Privacy" and agree that Trustee, the Manager and Administrator may collect, use disclose and handle personal information in the manner set out in that section;
- I/we agree to indemnify the Trustee, the Manager and the Administrator and any of its related bodies corporate against any loss, liability, damage, claim, cost or expense incurred as a result, directly or indirectly, of any of these declarations proving to be untrue or incorrect;
- in the case of joint applications, the joint applicants agree that unless otherwise expressly indicated on this Subscription Agreement, the units will be held as joint tenants and either investor is able to operate the account and bind the other investor for future transactions, including additional deposits and redemptions; and
- I/We agree to give further information or personal details to Trustee if required to meet its obligations under AML Laws or taxation legislation.

### Signature by individual or joint applicant(s):

Signature:	<input type="text"/>	Signature:	<input type="text"/>
Print Name:	<input type="text"/>	Print Name:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>

### Signature of corporate applicants or corporate trustee applicants:

Company Name:

As Trustee For:

By its directors / secretary:

Signature:	<input type="text"/>	Signature:	<input type="text"/>
Position:	<input type="text"/>	Position:	<input type="text"/>
Print Name:	<input type="text"/>	Print Name:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>

## AML Supplement - Section 1

### Section 1A: Individual / Joint Investors / Sole Trader / Individual Trustee

	Investor A / Individual Trustee	Investor B
Full Name:	<input type="text"/>	<input type="text"/>
Title (Mr/Mrs/Miss/Ms)	<input type="text"/>	<input type="text"/>
Date of Birth (dd/mm/yy):	<input type="text"/>	<input type="text"/>
TFN or Exemption Code (not required for individual trustee or partner)	<input type="text"/>	<input type="text"/>
Country of residence for tax purposes (not required for individual trustee or partner)	<input type="text"/>	<input type="text"/>
Full business name: (if sole trader)	<input type="text"/>	<input type="text"/>
ABN:	<input type="text"/>	<input type="text"/>
Residential Address: (not PO box)	<input type="text"/>	<input type="text"/>
Suburb:	<input type="text"/>	<input type="text"/>
Postcode:	<input type="text"/>	<input type="text"/>
Country:	<input type="text"/>	<input type="text"/>
Principal Place of Business (if sole trader)	<input type="text"/>	<input type="text"/>
Suburb:	<input type="text"/>	<input type="text"/>
Postcode:	<input type="text"/>	<input type="text"/>
Country:	<input type="text"/>	<input type="text"/>

**-> Please proceed to Section 2**

## Section 1B: Company / Corporate Trustee

Full Company Name:

ACN/ARBN (if any)

TFN, ABN or exemption code (if any)

Country of residence for tax purposes

Country of formation, incorporation or registration

Name of regulator (if licensed by Australian  
commonwealth, state or territory statutory regulator)

Licence details

**If the company is registered as a proprietary company by ASIC or a private company by foreign registration body, please provide the names of two directors of the company:**

Director 1 - Full Name:

Director 2 - Full Name:

### Registered office address in Australia:

Address:

Suburb:

State:

Postcode:

Country:

### Principal place of business:

Address:

Suburb:

State:

Postcode:

Country:

**If an Australian company, registration status with ASIC:**

Proprietary company       Public company

**If a foreign company, registration status with the relevant foreign registration body:**

Private/proprietary company     Public company     Other (please specify) \_\_\_\_\_

Name of foreign registration body

Foreign company identification number

**Is the company listed?**

Yes      Name of market/exchange

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

Yes      Name of listed company   
    Name of market/exchange

**If the company is an Australian proprietary company or foreign private company which is not regulated, please provide the detail below for each individual who owns through one or more shareholdings more than 25% of the company's issued capital:**

**Shareholder 1**

Full name:

Address:

Suburb:       State:

Postcode:       Country:

**Shareholder 2**

Full name:

Address:

Suburb:       State:

Postcode:       Country:

**Shareholder 3**

Full name:

Address:

Suburb:       State:

Postcode:       Country:

**-> Please proceed to Section 2**

## Section 1C: Trust / Superannuation Fund

Full Name of Trust/  
Superannuation Fund:

Full business name of trustee  
(if any)

TFN, ABN or exemption code

Country of residence for  
tax purposes

Country in which the trust/  
fund was established

### Type of Trust:

Category A: Registered Managed Investment Scheme ARSN

Category B: Regulated Trust (i.e. self-managed superannuation fund)

Name of regulator (i.e ASIC, APRA, ATO)

ABN of Trust

Registration/licensing details

Category C: Government Superannuation Fund

Name of legislation establishing fund

Category D: Other Trust types

Trust description (i.e. family, charitable)

If Category D - Do the terms of the trust identify the beneficiaries by reference to membership of a class?

Yes - please provide details of membership class(es) (e.g. unitholders, family members of names person, charitable purposes)

No - Please provide full names of all company and individual beneficiaries below

### Beneficiary Details:

Beneficiary 1 - Full Name:

Beneficiary 2 - Full Name:

Beneficiary 3 - Full Name:

*If there are more beneficiaries, please provide the above details on a separate page and attach to this supplement*

### Trustee details:

If individual trustee, please complete Section 1A in respect of one of the individual trustees.

If corporate trustee, please complete Section 1B in respect of one of the corporate trustees..

**-> Please proceed to Section 2**



## AML Supplement - Section 2

### Foreign Account Tax Compliance Act (FATCA) & Common Reporting Standard (CRS) Self-Certification Form - Australia

We are obliged under the Foreign Account Tax Compliance Act (FATCA), related intergovernmental agreements (“IGAs”) and regulations based on the OECD Common Reporting Standard (“CRS”) to collect certain information about each investor’s tax arrangements. Please complete the sections below as directed and provide any additional information requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor’s interests in the Fund with relevant tax authorities. This form is intended to request information only where such request is not prohibited by local law.

For further information on FATCA or CRS please refer to the US Department of the Treasury’s website at <http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA> or the following link to the OECD CRS Information Portal at: <http://www.oecd.org/tax/automatic-exchange/> in the case of CRS only.

If you have any questions about this form or defining the investor’s tax residency status, please refer to the OECD CRS Portal or speak to a tax adviser.

If any of the information below about the investor’s tax residence or FATCA/CRS classification changes in the future, please ensure that we are advised of these changes promptly.

#### Section 2.1: Individuals

Please only complete section 2.1 if you are applying as an individual. If you are applying as an entity, please complete section 2.2.

1. Are you a US citizen or a US resident for tax purposes?

NO - Continue to question 2.

YES - Provide your Taxpayer Identification Number (TIN) below, and continue to question 2.

Investor Name	Taxpayer Identification Number (TIN)

2. Are you a tax resident of any other country outside of Australia?

NO - Continue to question 7.

YES - Provide the details below and then continue to question 7.

Investor Name	Country of residence	TIN	Reason code if no TIN	Explanation (if Reason B selected)

If TIN or equivalent is not provided, please provide reason from the following options:

**Reason A:** The country/jurisdiction where the entity is resident does not issue TINs to its residents

**Reason B:** The entity is otherwise unable to obtain a TIN or equivalent number.

**Reason C:** No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

## Section 2.2: Entities

Please only complete section 2.2 if you are applying as an entity. If you are applying as an individual, please complete section 2.1.

1. Are you an Australian Retirement Fund? If yes, you will be classified as a Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II).

- YES - Continue to question 7.
- NO - Complete all questions below.

2. Is the Entity a Specified US Person?

- YES - Provide your TIN and continue to question 4. **TIN:**
- NO - Please complete questions 3, 4 and 5.

3. Entity's FATCA Classification (FATCA only, which may differ from CRS classification later):

3.1 If the Entity is a Financial Institution, please tick one of the below categories:

- i. Partner Jurisdiction Financial Institution
- ii. Registered Deemed Compliant Foreign Financial Institution
- iii. Participating Foreign Financial Institution
- iv. Not a Financial Institution - continue to question 4.

3.2 Please provide the Entity's Global Intermediary Identification Number (GIIN):

3.3 If the Entity is a Financial Institution but unable to provide a GIIN, please tick one of the below reasons:

- I. The Entity has not yet obtained a GIIN but is sponsored by another entity:  
Sponsor's Name:  Sponsor's GIIN:
- ii. Exempt Beneficial Owner
- iii. Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II)
- iv. Non-Participating Foreign Financial Institution
- v. Excepted Foreign Financial Institution

4. CRS Declaration of Tax Residency (you may choose more than one country).

Please indicate the Entity's country of tax residence for CRS purposes. If resident in more than one country please detail all countries of tax residence and associated Tax Identification Numbers (TIN).

If the Entity is not tax resident in any jurisdiction (e.g., because it is fiscally transparent), please indicate that below and provide its place of effective management or country in which its principal office is located.

Investor Name	Taxpayer Identification Number (TIN)	Reason Code if no TIN provided	Explanation (if Reason B selected)

If TIN or equivalent is not provided, please provide reason from the following options:

**Reason A:** The country/jurisdiction where the entity is resident does not issue TINs to its residents

**Reason B:** The entity is otherwise unable to obtain a TIN or equivalent number.

**Reason C:** No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

5. Entity's CRS Classification - Please tick one option that applies in section 5.1 or 5.2 below.

The information provided in this section is for CRS. Please note an Entity's CRS classification may differ from its FATCA classification in question 3.

5.1 Financial Institutions under CRS - please tick one:

- i. Financial Institution under CRS (other than in ii. below) - skip to question 7
- ii. Investment Entity located in a Non-Participating Jurisdiction, managed by another Financial Institution - go to question 6

5.2 Non-Financial Institutions under CRS - please tick one:

- i. Active Non-Financial Entity - a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation
- ii. Active Non-Financial Entity - a Government Entity or Central Bank
- iii. Active Non-Financial Entity - an International Organisation
- iv. Active Non-Financial Entity - other than i-iii (for example a non-profit NFE)
- v. Passive Non-Financial Entity

If category v was selected, go to question 6, otherwise skip to question 7.

6. Passive Non-Financial Entities - please complete details of Controlling Persons, including:

- Any natural person that exercises control over you (for corporations, this includes directors or beneficial owners who ultimately own 25% or more of the share capital)
- If you are a trust, any natural person including trustee, protector, settlor or any other natural person exercising ultimate effective control over the trust

Note: if there are more than 3 controlling persons, please provide their details on a separate page and attach to this supplement.

**Controlling Individual 1**

Full name:

Residential address (not PO Box):

Date of Birth:

Place of Birth - City:  Country:

Country(ies) of tax residence:

TIN:  Reason Code (if no TIN):

**Controlling Individual 2**

Full name:

Residential address (not PO Box):

Date of Birth:

Place of Birth - City:  Country:

Country(ies) of tax residence:

TIN:  Reason Code (if no TIN):

**Controlling Individual 3**

Full name:

Residential address (not PO Box):

Date of Birth:

Place of Birth - City:  Country:

Country(ies) of tax residence:

TIN:  Reason Code (if no TIN):

## Declaration - ALL INVESTORS

### 7. Signature

I/We declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete.

I acknowledge that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I/We undertake to advise the recipient promptly and provide an updated Self-Certification where any change in circumstance occurs which causes any of the information contained in this form to be incorrect.

Authorised Signature(s): \_\_\_\_\_

Print Name(s): \_\_\_\_\_

Capacity in which declaration is made: \_\_\_\_\_

Date: (dd/mm/yyyy): \_\_\_\_\_

## AML Supplement - Section 3

### Identification Documents

To comply with our obligations under AML Law, we must collect certain information, supported by original or certified copies of relevant documents, about each investor. Documents in a language other than English must be accompanied by an English translation prepared by an accredited translator. Documents will not be returned.

For a Company or Trust, in order to verify the signature(s) on the Subscription Agreement, as well as the authority for all future requests, please provide a list of authorised signatories (including sample signatures).

### Section 3A - Individual / Joint Investors / Sole Trader / Individual Trustee

Please provide us with an original or certified copy of a document from Part I, or if you do not own a document from Part I, original or certified copies of documents from Part II OR Part III.

#### Part I

Tick	Provide ONE document from this section
	Current Australian driver's licence containing your photograph and date of birth
	Australian passport (a passport that has expired within the past 2 years is acceptable)
	Foreign passport or similar travel document containing your photograph and signature
	Current card issued by an Australian State or Territory for the purpose of proving your age containing your photograph and date of birth

#### Part II

Tick	Provide ONE document from this section
	Australian birth certificate
	Australian citizenship certificate
	Pension card or Health card issued by Centrelink
Tick	And ONE document from this section
	An original or certified copy of a notice, showing your name and residential address, issued by the Commonwealth or a State or Territory within the past 12 months that records the provision of financial benefits to you
	An original or certified copy of a notice, showing your name and residential address, issued by the Australian Taxation Office within the past 12 months that records a debt payable by you
	An original or certified copy of a notice, showing your name and residential address, issued by a local government body or utilities provider (e.g. rates notice or electricity bill) within the past 3 months which records the provision of services to you
	If you are under age 18: a notice, showing your name and your residential address, issued by a school principal within the past 3 months which records the period of time that you attended at that school

#### Part III

Tick	Provide BOTH documents from this section
	Foreign driver's licence containing your photograph and date of birth
	National ID card issued by a foreign government containing your photograph and signature

### Section 3B - Company

Please provide us with an original or certified copy of a document from the following:

Tick	Provide documents from this section
	Certificate of registration or incorporation issued by ASIC
	Certificate of registration or incorporation issued by the relevant foreign registration body
	Current company search from ASIC database/relevant foreign registration body
Tick	AND (if applicable) documents from this section
	If a listed company: a search of the relevant financial market
	<b>If a regulated company:</b> a search of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator

### Section 3C - Trust / Superannuation Fund

Registered managed investment scheme, self-managed superannuation fund, regulated trust:

Tick	Provide documents from this section
	Screen print from the relevant regulator's website showing the full name of the Trust, and that the Trust is a registered scheme, self-managed superannuation fund, regulated trust or government superannuation fund

All other Trusts:

Tick	Provide documents from this section
	An original or certified copy, or certified extract, of the trust deed
	A notice issued to the Trust by the Australian Taxation Office within the past 12 months
	Letter from a solicitor or qualified accountant verifying the name of the trust
Tick	And BOTH documents from this section
	Full name and residential/registered office address of all individual and corporate trustees
	The relevant documents set out in section 3A or 3B for the individual or corporate trustee who has completed section 1A or 1B respectively

## Appendix

### Certified Copy/Extract of an Original Document

**Certified copy** means a document that has been certified as a true copy of an original document.

**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 in the sub-paragraphs below.

The certifier should sign the copy (printing his/her name underneath) and clearly indicate his/her position or capacity, and include a contact address and phone number. The certifier must indicate that the document is a true copy of the original document.

People who can certify documents or extracts are:

- A person who, under a law in force in a State or Territory, is currently licensed or registered to practice the following occupations:
  - Chiropractor;
  - Dentist;
  - Legal practitioner;
  - Medical practitioner;
  - Nurse;
  - Optometrist;
  - Patent/Trademarks attorney;
  - Pharmacist;
  - Physiotherapist;
  - Psychologist; and
  - Veterinary surgeon.
- A **lawyer** - a person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner (however described);
- A **person** listed in Part 2 of Schedule 2 of the *Statutory Declarations Regulations 1993*, which includes but is not limited to:
  - 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 **notary public** (for the purposes of the Statutory Declaration Regulations 1993);
  - a **police officer**;
  - a **postal agent** - an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
  - the **post office** - a **permanent employee** of The Australian Postal Corporation with 2 or more years of 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** at a bank, building society, credit union or finance company with 2 or more continuous years of service with one or more **financial institutions** (for the purposes of the Statutory Declaration Regulations 1993);
  - a **member** of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants; and
  - a **teacher** employed on a full-time basis at a school or tertiary education institution.
- an **officer** 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.



## Appendix II

### Certificate by a Qualified Accountant - Chapters 6D or 7 of Corporations Act 2001 (Cth)

Date:

Apex Fund Services (Australia) Pty Ltd  
Level 13, 459 Little Collins St  
Melbourne, VIC 3000

Attention: Unit Registry ([InvestorRegistry@apexfunds.com.au](mailto:InvestorRegistry@apexfunds.com.au))  
Fax: +61 3 8648 6885

Dear Administrator,

#### **RE: Investment in the Wunala Capital Emerging Opportunities Fund**

I confirm that I am a qualified accountant as defined by section 9 of the Corporations Act 2001 (cth), and certify that the Investor (name as per Subscription Agreement): \_\_\_\_\_

- i) has net assets of at least A\$2.5 million;
- ii) has had a gross income for each of the last two (2) financial years of at least A\$250k per year; or
- iii) is a professional investor for the purposes of Section 761G(7)

Regards,

\_\_\_\_\_  
Accountant name:  
Phone number:  
Email