

Subscription Agreement

1. SELECT THE FUND YOU INTEND TO MAKE AN INVESTMENT INTO:

FUND	DATE OF IM	SUBSCRIPTION FREQUENCY AND CUT-OFF TIMES
REGAL AUSTRALIAN SMALL COMPANIES FUND	25 May 2020	Daily, prior to 12pm AEST
REGAL AUSTRALIAN LONG SHORT EQUITY FUND	25 May 2020	Daily, prior to 12pm AEST
REGAL TASMAN MARKET NEUTRAL FUND	25 May 2020	Monthly, 3 Business Days prior notice
REGAL ATLANTIC ABSOLUTE RETURN FUND	25 May 2020	Monthly, 3 Business Days prior notice

This Subscription Agreement relates to the Information Memorandum ("**IM**") with the date shown above, issued by Regal Funds Management Pty Limited ABN 30 107 576 821 AFSL 277737 ("**Regal**") for the relevant fund you have selected (the "**Fund**"). Terms defined in the IM have the same meaning in this Subscription Agreement. The IM contains important information about investing in the relevant Fund, and you are advised to read the IM before completing this Subscription Agreement.

This Subscription Agreement is for new investments in any of the Funds listed above. If you have an existing investment in a fund managed by Regal and wish to make an additional subscription into that fund, please download the "Additional Subscription Form" from our website (www.regalfm.com).

NOTE:

- For daily Funds, a signed and completed Subscription Agreement (including the Identification Form and certified copies of your identification information) must be received by the Unit Registry no later than 12pm AEST on the relevant Subscription Day. Cleared subscription funds must be available in the Application Account no later than 12pm AEST on the relevant Subscription Day.
- For all other Funds, a signed and completed Subscription Agreement (including the Identification Form and certified copies of your identification information) must be received by the Unit Registry no later than 5pm AEST at least three (3) Business Days prior to the relevant Subscription Day. Cleared subscription funds must be available in the Application Account no later than 5pm AEST at least three (3) Business Days prior to the relevant Subscription Day.
- Full subscription details are outlined in the current Information Memorandum for each Fund which can be downloaded from our website (www.regalfm.com) or available by contacting the Unit Registry on 1300 737 760 (in Australia) or +61 2 9290 9600 (International)

WHAT DO I NEED TO FILL IN?

Please complete:

- 1. the sections of this Subscription Agreement shown in the table on page 2; and
- 2. the Identification Forms relevant to you. The Identification Forms form part of this Subscription Agreement and can be downloaded at: www.regalfm.com

INVESTOR TYPE		COMPLETE SECTIONS	PLEASE COMPLETE THE REQUIRED IDENTIFICATION FORM AND PROVIDE CERTIFIED COPIES OF THE IDENTIFICATION REQUESTED ON THE IDENTIFICATION FORM
INDIVIDUAL AND JOINT INVESTORS	A natural person or persons.	2,4,5,7 & 9	Form A – Individuals.
REGULATED TRUSTS (INCLUDING SELF -MANAGED SUPER FUNDS)	Types of trusts include Self-Managed Super Funds, registered managed investment schemes, unregistered managed investment schemes and government superannuation funds.	3,4,5,7 & 9	For the Trust complete Form D
UNREGULATED TRUSTS	Types of trusts include other trusts (such	3,4,5,7 & 9	For the Trust complete Form E; and
IROSIS	as family trusts and charitable trusts) and foreign trusts.		For an Individual Trustee complete Form A; or
			For a Company Trustee complete Form B or C; and
			All Beneficial Owners and Foreign Controlling Persons named on Forms B, C or E must complete Form A.
COMPANIES	A company registered as an Australian public company or an Australian proprietary company, or a foreign company.	3,4,5,7 & 9	For a Company complete the relevant form based on company type either Forms B or C.
			All Beneficial Owners named on Form B or C must complete Form A.
PARTNERSHIP	A partnership created under a partnership agreement.	3,4,5,7 & 9	For the Partnership please complete Form F
			All Beneficial Owners named on Form F must complete Form A.
ASSOCIATIONS	Incorporated associations are associations	3,4,5,7 & 9	For the Association please complete Form G.
	registered under State or Territory based incorporated association statutes. Unincorporated associations are those of persons who are not registered under an incorporated associations statute and thus do not have the legal capacity to enter into agreements.		All Beneficial Owners named on Form G must complete Form A.
SOLE TRADER	A natural person operating a business under their own name with a registered business name.	3,4,5,7 & 9	Form A – Individuals.
REGISTERED CO-OPERATIVE	An autonomous association of persons united voluntarily to meet common	3,4,5,7 & 9	For the Registered co-operative please complete Form H.
a C r r ii	economic, social and cultural needs and aspirations through a jointly-owned and democratically-controlled enterprise registered under a registry system maintained by a State or Territory. This investor type can include agricultural businesses such as a dairy co-operative.		All Beneficial Owners named on Form H must complete Form A.
GOVERNMENT BODY	The government of a country, an agency or authority of the government of a country, the government of part of a country or an agency or authority of the government of part of a country.	3,4,5,7 & 9	For a Government body please complete Form I. All Beneficial Owners named on Form I must complete Form A.



2. INDIVIDUALS AND JOINT ACCOUNT HOLDERS - APPLICANT DETAILS

	APPLICANT 1	APPLICANT 2 (IF APPLICABLE)
INVESTOR TYPE:	Individual	Individual
TITLE:		
GIVEN NAME:		
SURNAME:		
OCCUPATION:		
RESIDENTIAL ADDRESS:		
STREET ADDRESS 1:		
STREET ADDRESS 2:		
SUBURB:		
STATE:		
POSTCODE:		
COUNTRY:		
POSTAL ADDRESS IF DIFFERENT TO RESIDENTIAL A	ADDRESS:	
STREET ADDRESS 1:		
STREET ADDRESS 2:		
SUBURB:		
STATE:		
POSTCODE:		
COUNTRY:		
PHONE NUMBER (BUSINESS HOURS):		
PHONE NUMBER (NON-BUSINESS HOURS):		
MOBILE NUMBER:		
EMAIL ADDRESS:		
AUSTRALIAN TAX FILE NUMBER:		
OR IF NO TAX NUMBER IS PROVIDED':	The applicant does not wish to quote a tax file number; or The applicant is exempt from quoting a Tax File Number by virtue of (please provide details supporting your claim for exemption from quoting your TFN):	The applicant does not wish to quote a tax file number; or The applicant is exempt from quoting a Tax File Number by virtue of (please provide details supporting your claim for exemption from quoting your TFN):

¹ Collection of Tax File Numbers is authorised by law for taxation purposes. It is not an offence if you do not quote your Tax File Number or exemption information, but if you do not provide us with that information then we are required to deduct tax from any income distribution at the highest marginal tax rate plus the Medicare levy and any other applicable levies or taxes.



3. ALL OTHER ACCOUNT HOLDERS - APPLICANT DETAILS

INVESTOR TYPE: Trust Company Co-operative Partnership Association Other FULL NAME OF COMPANY/ BUSINESS IF SOLE TRADER/ TRUST /SMSF (INCLUDING TRUSTEE DETAILS) PARTINERSHIP / ASSOCIATION / COOPERATIVE / GOVERNMENT BODY: TAX FILE NUMBER OR ABN: NATURE OF BUSINESS: STREET ADDRESS: STREET ADDRESS 1: STREET ADDRESS 2: SUBURB: STATE: POSTCODE: PHONE NUMBER (BUSINESS HOURS): MOBILE NUMBER: FAX NUMBER: EMAIL ADDRESS:			
Partnership Government Body Association Other FULL NAME OF COMPANY/ BUSINESS IF SOLE TRADER/ TRUST /SMSF (INCLUDING TRUSTEE DETAILS) PARTNERSHIP / ASSOCIATION / COOPERATIVE / GOVERNMENT BODY: TAX FILE NUMBER OR ABN: NATURE OF BUSINESS: STREET ADDRESS 1: STREET ADDRESS 2: SUBURB: STATE: POSTCODE: PHONE NUMBER (BUSINESS HOURS): MOBILE NUMBER: FAX NUMBER:	INVESTOR TYPE:	Trust	Sole Trader
Association Other FULL NAME OF COMPANY/ BUSINESS IF SOLE TRADER/ TRUST /SMSF (INCLUDING TRUSTEE DETAILS) PARTNERSHIP / ASSOCIATION / COOPERATIVE / GOVERNMENT BODY: TAX FILE NUMBER OR ABN: NATURE OF BUSINESS: ADDRESS: STREET ADDRESS 1: STREET ADDRESS 2: SUBURB: STATE: POSTCODE: PHONE NUMBER (BUSINESS HOURS): MOBILE NUMBER: FAX NUMBER:		Company	Co-operative
Self-Managed Super Fund FULL NAME OF COMPANY/ BUSINESS IF SOLE TRADER/ TRUST / SMSF (INCLUDING TRUSTEE DETAILS) PARTNERSHIP / ASSOCIATION / COOPERATIVE / GOVERNMENT BODY: TAX FILE NUMBER OR ABN: NATURE OF BUSINESS: ADDRESS: STREET ADDRESS 1: STREET ADDRESS 2: SUBURB: STATE: POSTCODE: PHONE NUMBER (BUSINESS HOURS): MOBILE NUMBER: FAX NUMBER:		Partnership	Government Body
FULL NAME OF COMPANY/ BUSINESS IF SOLE TRADER/ TRUST / SMSF (INCLUDING TRUSTEE DETAILS) PARTNERSHIP / ASSOCIATION / COOPERATIVE / GOVERNMENT BODY: TAX FILE NUMBER OR ABN: NATURE OF BUSINESS: ADDRESS: STREET ADDRESS 1: STREET ADDRESS 2: SUBURB: STATE: POSTCODE: PHONE NUMBER (BUSINESS HOURS): MOBILE NUMBER: FAX NUMBER:		Association	Other
TRADER/TRUST /SMSF (INCLUDING TRUSTEE DETAILS) PARTNERSHIP / ASSOCIATION / COOPERATIVE / GOVERNMENT BODY: TAX FILE NUMBER OR ABN: NATURE OF BUSINESS: ADDRESS: STREET ADDRESS 1: STREET ADDRESS 2: SUBURB: STATE: POSTCODE: PHONE NUMBER (BUSINESS HOURS): MOBILE NUMBER: FAX NUMBER:		Self-Managed Super Fund	
NATURE OF BUSINESS: ADDRESS: STREET ADDRESS 1: STREET ADDRESS 2: SUBURB: STATE: POSTCODE: PHONE NUMBER (BUSINESS HOURS): MOBILE NUMBER: FAX NUMBER:	TRADER/TRUST/SMSF (INCLUDING TRUSTEE DETAILS) PARTNERSHIP/ASSOCIATION/		
ADDRESS: STREET ADDRESS 1: STREET ADDRESS 2: SUBURB: STATE: POSTCODE: PHONE NUMBER (BUSINESS HOURS): MOBILE NUMBER: FAX NUMBER:	TAX FILE NUMBER OR ABN:		
STREET ADDRESS 1: STREET ADDRESS 2: SUBURB: STATE: POSTCODE: PHONE NUMBER (BUSINESS HOURS): MOBILE NUMBER: FAX NUMBER:	NATURE OF BUSINESS:		
STREET ADDRESS 2: SUBURB: STATE: POSTCODE: PHONE NUMBER (BUSINESS HOURS): MOBILE NUMBER: FAX NUMBER:	ADDRESS:		
SUBURB: STATE: POSTCODE: PHONE NUMBER (BUSINESS HOURS): MOBILE NUMBER: FAX NUMBER:	STREET ADDRESS 1:		
STATE: POSTCODE: PHONE NUMBER (BUSINESS HOURS): MOBILE NUMBER: FAX NUMBER:	STREET ADDRESS 2:		
POSTCODE: PHONE NUMBER (BUSINESS HOURS): MOBILE NUMBER: FAX NUMBER:	SUBURB:		
PHONE NUMBER (BUSINESS HOURS): MOBILE NUMBER: FAX NUMBER:	STATE:		
MOBILE NUMBER: FAX NUMBER:	POSTCODE:		
FAX NUMBER:	PHONE NUMBER (BUSINESS HOURS):		
	MOBILE NUMBER:		
EMAIL ADDRESS:	FAX NUMBER:		
	EMAIL ADDRESS:		



4. POWERS OF ATTORNEY & AUTHORISED REPRESENTATIVE DETAILS

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

We may act on the sole instructions of the authorised representative until you advise us in writing that the appointment of your authorised representative has terminated. If signed under power of attorney, the attorney declares that he or she has not received notice of revocation of that power. The applicant is to provide proof of the power of attorney in a form that is satisfactory to Regal or the Unit Registry.

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.

<u>Please attach a certified copy of your Power of Attorney</u>. For information on how to certify your document please refer to the notes in Section 10.

GIVEN NAME:	
SURNAME:	
SIGNATURE OF AUTHORISED REPRESENTATIVE:	
DATE:	
5. INVESTMENT DETAILS	
The applicant hereby applies for units in the Fur	nd pursuant to the Fund Constitution:
VALUE OF UNITS APPLIED FOR (A\$)	
SOURCE OF FUNDS (PLEASE TELL US THE MAIN SOURCE OF THE FUNDS YOU ARE USING FOR THE INVESTMENT)	
DISTRIBUTION PAYMENT INSTRUCTIONS (CHOOSE ONE PAYMENT INSTRUCTION):	Income from the units in the Fund will be automatically reinvested in additional units in the Fund unless you indicate here (or by notice to the Unit Registry not less than 20 Business Days before the relevant distribution day to which the notice is to apply) that you wish your income to be paid to you (tick the applicable box).
	Please reinvest my distributions in additional units in the Fund; OR
	Please pay my income directly to my nominated bank account (the bank account must be the same account from which your subscription funds derived).
DETAILS OF BANK ACCOUNT FOR PAYME	
DETAILS OF BANK ACCOUNT FOR PAYMEN	account must be the same account from which your subscription funds derived).
	account must be the same account from which your subscription funds derived).
NAME OF BANK:	account must be the same account from which your subscription funds derived).
NAME OF BANK: NAME OF BRANCH:	account must be the same account from which your subscription funds derived).
NAME OF BANK: NAME OF BRANCH: BRANCH ADDRESS:	account must be the same account from which your subscription funds derived).



6. ACKNOWLEDGEMENTS AND DECLARATIONS

By signing this Subscription Agreement, the applicant agrees and acknowledges and declares that:

- (a) The applicant will be bound by the Trust Deed of the Fund, this completed Subscription Agreement and the IM, as amended from time to time.
- (b) If this is a joint application, each applicant agrees, unless otherwise indicated in this Subscription Agreement, the investment is held as joint tenants and either applicant may operate the account and bind the other.
- (c) The applicant is a Wholesale Client as defined the Corporations Act 2001 (Cth). Where the applicant is a Wholesale Client (requiring an accountant certificate to be provided to Regal), the applicant certifies that the units in the Fund are not being acquired for use in connection with a business.
- (d) Where this Subscription Agreement relates to an offer made in New Zealand, the applicant is also a NZ Eligible Investor (as defined in the IM) and each applicant confirms and understands that:
 - the usual legal rules that require information to be given to investors for offers of financial products do not apply if the amount invested upfront by me (plus any other investments I have already made in those financial products) is NZ\$750,000 or more; and
 - I may not receive a complete and balanced set of information about this investment; and
 - I have fewer legal protections for this investment; and
 - this investment is not suitable for retail investors; and
 - I have been advised to ask questions, read all documents carefully, and seek independent financial advice.
- (e) The applicant agrees that Regal or the Unit Registry may deliver and make reports, statements and other communications available in electronic form, such as e-mail or by posting on a website instead of physical delivery.
- (f) The applicant authorises Regal to apply the TFN or ABN provided in this form and authorise it to be applied to all future applications and redemptions for units, including reinvestments, unless the applicant otherwise advises Regal.
- (g) Distributions and other amounts payable to unitholders will be paid into the same account from which application monies were received unless otherwise notified in writing to the Unit Registry.
- (h) Regal may disclose to any service provider or to any regulatory body in any applicable jurisdiction copies of the applicant's Subscription Agreement and any information concerning the applicant provided by the applicant to Regal or the Unit Registry and any such disclosure shall not be treated as a breach of any restriction upon the disclosure of information imposed on such person by law or otherwise.
- (i) Regal and/or the Unit Registry may disclose personal information of the applicant to each other, to affiliated entities, to any other service provider or to any regulatory body, whether in Australia or overseas. The applicant consents to the collection by, and disclosure to, all such organisations of the applicant's personal information in accordance with Regal's privacy policy as amended from time to time, details of which are available on Regal's website at www.regalfm.com. The applicant acknowledges that Regal will not be accountable under the Privacy Act 1988 (Cth) for such disclosures and that the applicant is not entitled to seek redress pursuant to the Privacy Act 1988 (Cth).
- (j) The applicant agrees to be bound by the Privacy Act 1988 (Cth) and the Spam Act 2003 (Cth) in addition to the disclaimers, notices and consents contained in the IM.
- (k) The applicant has received and read a copy of the IM for the Fund with the date shown in Section 1 of this Subscription Agreement, and agrees to be bound by the terms of the IM.
- (I) The applicant agrees to the collection, use and disclosure of its personal details as set out in the IM.
- (m) Unless the applicant has contacted Regal and indicated a U.S. tax status in the Identification Form which forms part of this Subscription Agreement, each applicant certifies it is not a U.S. citizen or U.S. tax resident, will not be receiving units in the Fund in the United States and is not acquiring units in the Fund for the account of a United States person. In addition, where the applicant is an entity, the applicant certifies that it and each of its Controlling Persons is not a U.S. citizen or U.S. tax resident. Notwithstanding the foregoing, if any applicant's investment becomes a reportable account for the purposes of FATCA or CRS or a reportable account for the purposes of any other relevant Intergovernmental Agreement (as reasonably determined by Regal or otherwise), the applicant will promptly notify Regal and provide Regal on request with any information which is necessary or desirable for Regal to comply with its obligations. Where the applicant is a trust which has made a choice in relation to limited disclosure of discretionary beneficiaries for FATCA or CRS purposes, the applicant undertakes to inform Regal that the trust has made or will make a distribution to a foreign resident beneficiary, on a timely basis. As regards the settlor of a trust, unless the applicant has identified a foreign settlor as a Controlling Person, the applicant certifies that after reasonable enquiry the trustee has no reason to believe that the settlor is a foreign resident.
- (n) Regal, the Unit Registry, the Administrator, the Prime Brokers, and the Custodians or their respective subsidiaries, affiliates, directors, officers, shareholders, employees, agents, permitted delegates and sub-delegates may need to obtain certain information to enable compliance with the AML Requirements and current or future regulations aimed at the prevention of money laundering, FATCA, CRS (or similar regimes which may be implemented in other countries) or any other applicable regulatory or tax requirements, and the applicant undertakes to provide such additional information or documentation as requested of it from time to time to ensure Regal's compliance with such requirements. The entities may also be required to report this information to tax, regulatory or law enforcement agencies, including AUSTRAC.



- (o) None of Regal, the Unit Registry or any other person is liable for any loss or damage incurred in connection with the Subscription Agreement being rejected or not being processed for whatever reason. Applications are accepted at the absolute discretion of Regal. It is the responsibility of each applicant to contact Regal to ascertain the status of their subscription and an applicant cannot assume their subscription has been successful until they receive confirmation from Regal. Rejected, invalid or incomplete applications will be returned to applicants as soon as possible. Interest is not payable on rejected application monies. Subscription monies will be held in an interest bearing account until invested by the Fund, and interest (if any) will be retained by the Fund.
- (p) None of Regal, the Unit Registry, the Administrator, the Prime Brokers and the Custodians or any of their related bodies corporate, guarantee in any way the performance of the Fund, repayment of capital from the Fund, any particular return from, or any increase in, the value of the Fund.
- (g) Should the applicant fail to provide any information or documentation requested of them, the application may be refused.
- (r) The applicant understands the risks associated with an application and holding units in the Fund including the risks outlined in the IM.
- (s) Regal reserves the right to reject any application or allocate to any applicant a lesser number or total issue price of units than that applied for.
- (t) The applicant is not aware of any liquidation or bankruptcy proceedings that have been commenced or are intended to be commenced by any person against it or which are intended or anticipated by it.
- (u) None of Regal, the Unit Registry, the Administrator, the Prime Brokers, the Custodians or any of their related bodies corporate, principals, officers, employees or agents make any recommendation as to the suitability of the Fund or any application for units by the applicant and the IM does not contain personal investment or taxation advice. The applicant has not relied on any statement or representation from Regal, except as set out in the IM. The applicant has to the extent that it considers necessary sought its own financial, investment and taxation advice before applying to invest in the Fund and make an application.
- (v) Applications and investment in the Fund are not deposits with or other liabilities of Regal, the Unit Registry or any other person and are subject to investment risk, including possible delays in repayment and loss of income and capital invested.
- (w) The applicant declares that Regal and/or its related entities will not be liable to the applicant or other persons for any loss suffered (including consequential loss in circumstances where transactions are delayed, blocked, frozen or where Regal refuses to process a transaction).
- (x) All information provided by the applicant as part of this Subscription Agreement is true and correct.

7. SIGNATURES

Joint applicants must both sign. For Individual Trustee Trust/Superannuation Funds each individual Trustee must sign. For Corporate Trustee Trust/Superannuation Funds 2 Directors, a Director and Secretary or Sole Director must sign.

	APPLICANT 1	APPLICANT 2
SIGNATURE		
FULL NAME		
DATE		
TICK CAPACITY	Sole Director and Company Secretary	Director
(MANDATORY FOR COMPANIES):	Director	
		Secretary
	Secretary	Non-corporate trustee
	Non-corporate trustee	Partner
	Partner	

Affix company seal (if applicable). Companies to sign in accordance with their constitution and the law.

Please note that cut-off times apply as indicated in the IM. Subscription Agreements received after the cut-off times for any particular Subscription Day may be processed at the next relevant Subscription Day.



8. HOW TO INVEST

Please transfer funds electronically to the following bank accounts (**St.George Bank**) and send your completed Subscription Agreement to the address below.

For the payment reference: Please insert the name of the applicant alongside the Fund name as your reference to ensure there is no delay in allotting your units in the Fund

REGAL AUSTRALIAN	Account Name:	Boardroom Pty Limited itf Regal Australian Small Companies Fund Application Account
SMALL COMPANIES FUND	BSB No:	332-027
	Account No:	555539376
	SWIFT:	SGBLAU2S
REGAL AUSTRALIAN	Account Name:	Boardroom Pty Limited itf Regal Australian Long Short Equity Fund Application Account
LONG SHORT EQUITY FUND	BSB No:	332-027
	Account No:	555539464
	SWIFT:	SGBLAU2S
REGAL TASMAN MARKET Account Name:		Boardroom Pty Limited itf Regal Tasman Market Neutral Fund Application Account
NEUTRAL FUND	BSB No:	332-027
	Account No:	555539413
	SWIFT:	SGBLAU2S
REGAL ATLANTIC	Account Name:	Boardroom Pty Limited itf Regal Atlantic Absolute Return Fund Application Account
ABSOLUTE RETURN FUND	BSB No:	332-027
	Account No:	555539528
	SWIFT:	SGBLAU2S

Please send the original completed Subscription Agreement, the relevant Identification Forms and certified copies of the required documents* to:

Boardroom Pty Limited

GPO Box 3993 Sydney NSW 2001

Attention: Unlisted Fund Services (Regal Funds Management)

Fax: 02 9252 1987 (unlisted)

Email: regal.funds@boardroomlimited.com.au

9. DELIVERY OF COMMUNICATIONS

The Unit Registry will provide you with important notices and communications in relation to your investment such as confirmations of instructions, an annual transaction statement and taxation and distribution statements. The Unit Registry may be able to deliver some or all of these communications to you by email. Please indicate below how you prefer to receive these communications:

HARD COPY (postal address supplied on this Subscription Agreement will be used); OR

 $\textbf{EMAIL}. \ Please \ provide \ current \ email \ address. \ Multiple \ recipients \ can \ be \ accommodated \ if \ required.$

CONTACT NAME	
EMAIL	



^{*} The required documents are as set out in the relevant Identification Forms (able to be downloaded at www.regalfm.com). Please note that applications may be refused or not processed if the required documents are not provided.

10. CERTIFYING YOUR DOCUMENTS

The Identification Form contains instructions on the identification documents which you need to provide to us to verify your identity. You are also required to provide a copy of any Power of Attorney to operate your account. Please follow these instructions when providing these documents:

- All documents must be provided in certified copy format this means a copy of the original document which 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.
- Where documents are not in English, a notarised translation from an accredited translator is required.
- The certifier should sign the copy document (print his/her name clearly underneath) and clearly indicate his/her position or capacity, together with a full contact address and telephone number. The certificate must indicate that the document is a true copy of the original and that the photo is a true likeness of the individual.
- Please note that we require the copy which was actually signed by the certifier (i.e. the original penned signature of the certifier).
- The certified documents form part of your application and must be sent to the Unit Registry before the cut-off times for any particular Subscription Day.

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 or 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 or 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.

