

Odey International Fund

Application Form

Section 1: Investor type

Are you an existing investor with Odey?

Yes No (Go to Section 2)

If **yes**, please provide investor number

Note: For existing investors, please complete Sections 1, 3B, 3C and 4.

If your details have changed, please complete Section 3A of the Application Form.

Section 2: Applicant details

Please indicate who is making the investment

Investor type	Go to
<input type="checkbox"/> Individual/Joint section	2A
<input type="checkbox"/> Company section	2B
<input type="checkbox"/> Trust/Superannuation fund with individual trustee sections	2A and 2C
<input type="checkbox"/> Trust/Superannuation fund with corporate trustee sections	2B and 2C

If you do not fall into any of the above categories, contact Copia Investment Partners on 1800 442 129.

Section 2A: Individual/Joint investors/Individual trustee

Individual/Joint applicant 1

Title Mr Mrs Miss Mr Other DOB / /

Surname

Given names

Are you an Australian tax resident? Yes No **TFN/ABN or exemption (for Australian residents)**

Residential address

City, suburb or town **State** **Postcode**

Without your TFN, or exemption, withholding tax will be deducted from your distributions at the highest marginal rate (plus Medicare + Budget Repair Levy).

US citizens or US resident: **Are you a US citizen?** Yes No **Are you a US resident?** Yes No

Individual/Joint applicant 2

Title Mr Mrs Miss Mr Other DOB / /

Surname

Given names

Are you an Australian tax resident? Yes No **TFN/ABN or exemption (for Australian residents)**

Residential address

City, suburb or town **State** **Postcode**

Without your TFN, or exemption, withholding tax will be deducted from your distributions at the highest marginal rate (plus Medicare + Budget Repair Levy).

US citizens or US resident: **Are you a US citizen?** Yes No **Are you a US resident?** Yes No

Individual/Joint applicant 3

Title Mr Mrs Miss Mr Other DOB / /

Surname

Given names

Are you an Australian tax resident? Yes No **TFN/ABN or exemption (for Australian residents)**

Residential address

City, suburb or town **State** **Postcode**

Without your TFN, or exemption, withholding tax will be deducted from your distributions at the highest marginal rate (plus Medicare + Budget Repair Levy).

US citizens or US resident: **Are you a US citizen?** Yes No **Are you a US resident?** Yes No

Section 2B: Company/Corporate trustee

Full company name

ACN or ABN (if any) Tax File Number

Without your TFN, or exemption, withholding tax will be deducted from your distributions at the highest marginal rate (plus Medicare + Budget Repair Levy).

Country of residence (not required for individual trustee or partner)

Persons receiving the PDS within Australia, but being a non-resident for tax purposes, should state their country of residence for tax purposes.

Are you investing in the capacity of a trustee? Yes No

Registered address

Nature of business

Is the company registered by ASIC as a proprietary company or public company?

Proprietary company (Please complete the following)

Names of each director

The name and address of each beneficial owner who owns through one or more shareholdings more than 25% of the issued capital of the company (Complete Section 2A and tick this box). **Required** - certified copies of either driver's licence or passport of each shareholder with 25% or more.

Public company

Account designation if desired (eg. <Portfolio #1> or <Kids Education Account>)

Section 2C: Trust/Superannuation fund

Full name of trust/superannuation fund

TFN or ABN (if any)

Please indicate type of trust

Category A: Registered managed investment scheme ARSN

Category B: Regulated trust (e.g. self-managed superannuation fund) ABN

Registration/licensing details

Category C: Other trust type Trust description (e.g. family, unit, charitable)

Complete if the Trust falls under Category C

Do the terms of the trust identify the beneficiaries by reference to membership of a class? Yes No

If yes, please provide details of membership class(es) (e.g. unitholders, family members of named person, charitable purposes)

If no, please provide full names of all of the trust beneficiaries below:

If there are more than four beneficiaries, please write their full names on a separate page and attach to this Application Form.

Beneficiary 1

Beneficiary 2

Beneficiary 3

Beneficiary 4

Section 3: General details

Section 3A: Investor contact details

Adviser details not accepted. Joint applicants will be assumed to be joint tenants unless otherwise specified.

Title Mr Mrs Miss Mr Other DOB / /

Surname

Given names

Postal address (c/ - if applicable)

Suburb **State** **Postcode**

Country

Telephone (business hours) () **(after hours)** ()

Mobile **Facsimile** ()

Email

Preferred method of correspondence Email Post Email and post

Section 3B: Investment details

Please note that the minimum investment amount is \$10,000.

Odey International Fund \$

Allocation of distributors (please mark one box) Reinvest Direct bank deposit (complete Section 3C)

I/We wish to apply the above amount to units at the prevailing issue price.

Please indicate how payment will be made Electronic Funds Transfer Cheques (see below)

Application monies can be received electronically into the following account as cleared funds.

Bank/Institution NAB **BSB number** 083 - 043 **Account number** 574393448

A/C name National Nominees Ltd Office Clearing Account OC Application Account

Please include investor number or surname as narration.

Please make cheques payable to: National Nominees Ltd Office Clearing Account OC Application Account

Please include investor name and address on the back of the cheque.

Please send cheque to: Copia Investment Partners, PO Box 572, Collins Street West, Melbourne Vic 8007

Section 3C: Bank account details for distributions and redemptions

Redemption and distribution (if applicable) payments are required to be paid into this bank account.

Distributions will be automatically reinvested unless otherwise nominated above.

Details of bank or other Australian financial institution

Bank/Institution

Address

BSB number - **Account number**

A/C name

Section 3D: Online access and annual reports

Online access Please tick box if you would like online access to your investment information via the Copia Investment Partners website. In order to provide you with your password, we require a postal address which is not a third party (eg. financial adviser). If your postal address for all other Odey International correspondence is a third party, then we require you to complete below with a direct postal address.

Postal address (not PO Box)

Suburb **State** **Postcode**

Country

Section 4: Declaration and signatures

I/We acknowledge and declare that:

- 1/We agree to be bound by the Constitution (as amended) lodged with ASIC on 31 October 2013 and amended by a supplemental Deed Poll dated on 14 November 2013 for the Odey International Fund.
- 1/We acknowledge that I/we have carefully read the Product Disclosures Statement dated 28 April 2016 in its entirety.
- 1/We acknowledge that investment in the funds are subject to investment risk, including possible delays in repayment and loss of income or capital invested.
- 1/We acknowledge that Copia Investment Partners Limited as RE does not guarantee the performance of the Fund, nor any particular late or return for the Fund, nor repayment of capital from the Fund.
- 1/We acknowledge that application monies will be held in a non-interest bearing account until applied to the Fund or returned to me/us.
- 1/We authorise that Copia Investment Partners Limited as RE can provide information on the status of my/our investment to my/our nominated financial adviser as set out in appointment of authorised nominee on page 6.
- 1/We hereby also agree to be bound by the terms and conditions of the additional investment arrangement as set out in the Product Disclosure Statement issued by Copia Investment Partners Limited as RE.

AML/CTF terms and conditions

- Copia Investment Partners Limited as RE is required to comply with the AML/CTF Laws and I/we undertake to provide them with such additional information or documentation as may be requested of me, from time to time, to ensure compliance with such requirements.
- By making this application and holding units in the Fund I/we acknowledge that I/we am/are not aware and have no reason to suspect that:
 - the money used to fund my/our investments in the Fund(s) is derived from or related to money laundering, terrorism financing or similar activities, and
 - proceeds of my/our investment in the Fund(s) will fund illegal activities.

Signature of Applicant 1

Date / /

Print full name

Signature of Applicant 2

Date / /

Print full name

Signature of Applicant 3

Date / /

Print full name

Please tick if applicable:

I am a sole director and company secretary of the company

For "non sole director" company holdings

- Any one director to sign (Please tick this box if any one director whose signature appears above is able to operate the investment account and bind the company for future transactions, including additional investments and redemptions), or
- Two directors to sign (please tick this box if the signatures of both Directors as shown above are required to be able to operate the investment account and bind the company for future transactions, including additional investments and redemptions), or
- Director and company secretary to sign (please tick this box if one Director and the Company Secretary whose signatures appear above, are able to operate the investment account and bind the company for future transactions, including additional investments and redemptions).

For joint account holdings

- Any one to sign (Please tick this box if any one investor is to be able to operate the investment account and bind the other investor for future transactions, including additional investments and redemptions), or
- Any two to sign (please tick this box if any two investors are to be able to operate the investment account and bind the other investor for future transactions, including additional investments and redemptions), or
- All three to sign

If no selection is made, "any one to sign" will be applicable.

Appointment of authorised nominee/adviser (optional)

Please only complete this section if you wish to appoint an authorised nominee to act on your behalf, on the terms set out below. An authorised nominee must be at least 18 years of age.

I/We appoint

Title Mr Mrs Miss Mr Other

Surname

Given names

Signature

As my/our authorised nominee to do the following things in respect of my/our investment in the Odey International Fund:

- change my/our account details relating to my/our investments in the Fund(s)
- obtain details of my/our investments in the Fund(s)
- issue investment and/or redemption instructions on my/our behalf relating to my/our investments in the Fund(s), and
- issue instructions as to how my/our investment distributions are to be paid.

Investor 1: Select one box Individual Non-corporate trustee Director Sole director

Signature Date / /

Print full name

Investor 2: Select one box Joint investor Non-corporate trustee Director

Signature Date / /

Print full name

Adviser stamp

Adviser name

Adviser group

Adviser address

ABN

Section 5: Identification documents

The following information and documents are required under the Anti-Money Laundering & Counter Terrorism Financing Act. We will not be able to process your application where the following information or documents are not provided. Also, we will not be able to honour a redemption request or pay out a distribution amount to you until you have complied with these requirements.

If you are an existing investor with Odey, you are not required to provide us with the information below. If you are a new investor, please complete the section relevant to you as indicated below.

All documents must be certified, for a list of acceptable certifiers go to Section 6.

Investor type	Go to
<input type="checkbox"/> Individual/Joint	5A
<input type="checkbox"/> Company	5B
<input type="checkbox"/> Corporate trustee	5C
<input type="checkbox"/> Trust/Superannuation fund	5D
<input type="checkbox"/> Are you a foreign registered or unregistered company? If so, please contact Copia Investment Partners to discuss verification requirements.	

Section 5A: Individual/Joint investors/Individual trustee

Please provide an originally certified copy of one of the following documents along with your completed Application Form

- Passport
- Driver's licence

If you are unable to provide a certified copy of one of these documents, please indicate below. We will then contact you to discuss alternative documents which may be provided.

- I am unable to provide a copy of a document listed above. Please contact me to arrange for alternative documents to be provided.

Section 5B: Company

Please provide us with a certified copy of the following

- Certificate of registration or incorporation issued by ASIC
- Passport or driver's licence of shareholder/beneficiary

Section 5C: Corporate trustee/Director

Please provide us with a certified copy of the following

- Company registration
- Passport or driver's licence of shareholder/beneficiary

Section 5D: Trust/Superannuation fund

If you are investing on behalf a trust, please provide a

- Originally certified copy of your trust deed (including all amending deeds).
(The deed(s) may be provided to Copia Investment Partners within 30 days of completing the Application Form.)
- Passport or driver's licence of trustees

Section 6: Certifying documents

Documents may only be certified by the following types of persons:

1. 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*)
2. a judge of a court
3. a magistrate
4. a chief executive officer of a Commonwealth court
5. a registrar or deputy registrar of a court
6. a Justice of the Peace
7. a notary public (*for the purpose of the Statutory Declaration Regulations 1993*)
8. a police officer
9. an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
10. a permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public
11. an Australian consular officer or an Australian diplomatic officer (*within the meaning of the Consular Fees Act 1955*)
12. an officer with two or more continuous years of service with one or more finance companies (*for the purpose of the Statutory Declaration Regulations 1993*)
13. a finance company officer with two or more continuous years of service with one or more finance companies (*for the purposes of the Statutory Declaration Regulations (1993)*)
14. an officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees; or
15. a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership.

Please send completed form to

Copia Investment Partners

PO Box 572 Collins St West, Melbourne Vic 8007

P 1800 442 129 | F +61 3 9642 0066 | E clientservices@copiapartners.com.au