CERTIFICATE BY QUALIFIED ACCOUNTANT



This certificate is issued under Chapter 6D and 7 of the Corporations Act 2001.

| Part 1 - Provide Wholesale Clien | details | | | |
|--|--|-------------------|---------------|----------|
| Account name | | | | |
| Account number | | | | |
| Part 2 - Provide details of Control | led Companies an | d/or Trusts (whe | ere applicab | le) |
| Name of Company/ Trust | | | | |
| ACN (if applicable) | | | | |
| TFN | Ar | nd/or | ABN | |
| Name of Company/ Trust | | | | |
| ACN (if applicable) | | | | |
| TFN | Ar | nd/or | ABN | |
| Part 3 - Accountant details and d | eclaration | | | |
| By submitting this certificate, I re that the person/entity whose det • Net assets of at least \$2.5 • A gross income for each of the purposes of the Corporal listed in Part 2 (if any). Professional body I belong to | ails are set out in F million; or f the last two finar | Part 1 above has: | east \$250,00 | 00. |
| Membership designation from the professional body is | | | | |
| I comply with the body's continu | ng professional ec | ducation requirer | nents | |
| Accountant's name | | | | |
| Accountant's Signature | | | | Date /20 |
| Part 4 - Once completed please send this form to us By Mail: Praemium PO Box 322 Collins Street West, Victoria, 8007 | | | | |

