



Additional Investment Form

Fairview Equity Partners Emerging Companies Fund

Before completing this form you should check you have read the latest up to date information for the Fairview Equity Partners Emerging Companies Fund (Fund), by ensuring you have the current Product Disclosure Statement (PDS), Product Guide, or any website update for the Fund. A copy of the PDS, Product Guide, and any website updates are available free of charge from www.fairviewequity.com.au, or available by contacting Client Services on **1300 738 355**, or from your financial adviser.

1. Investor details

Investor number

1A. Investor 1 – Individual / Joint investor 1 / Sole trader / Individual trustee 1

Title	Full given name(s)	Surname
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1B. Investor 2 – Joint investor 2 / Individual trustee 2

Title	Full given name(s)	Surname
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1C. Companies / Associations / Trusts / Superannuation funds / Partnerships / Government bodies / Registered co-operatives

Name	
Account designation	
Contact person name [▲]	Contact person phone
Contact person email	

[▲] Please provide details of the person we should contact regarding this form.

2. Additional investment details – amount and method of payment

Investment amount (all investments must be made in Australian dollars)

Minimum additional investment: A\$1,000

Fairview Equity Partners Emerging Companies Fund

A\$

Method of payment

If investing by cheque – make your cheque payable to: 'NNL OCA ANF Fairview Application Account' and crossed 'Not Negotiable' and send your Additional Investment Form and cheque to:

National Australia Bank
Attn: Registry Services
GPO Box 1406
Melbourne VIC 3001

If investing by direct deposit – fax your forms to:

National Australia Bank
Attn: Registry Services, Fax: 1300 365 601

AND

Deposit your funds into the administrator's bank account:

- Bank: National Australia Bank Limited
- BSB No: 083 043
- Account No: 832 243 507
- Account Name: NNL OCA ANF Fairview Application Account
- Reference: [Investor's name(s)]

Please note all payments and transactions to the Fund are in Australian dollars. Payments from non Australian dollar bank accounts will be subject to currency conversion rates and may incur additional fees. Non Australian resident investors should seek advice from their banking institution.

3. Declaration and signatures

By signing this form I/we acknowledge that I/we have read and understood the current Fund's PDS and Product Guide to which this form relates and I/we agree to be bound by the PDS, the Product Guide and the Fund's Constitution, each as replaced, supplemented or updated from time to time. I/We declare that all the details provided on this form are true and correct.

If this form is signed under a power of attorney, the attorney declares that he/she has not received notice of revocation of that power. A certified copy of the Power of Attorney and FSC individuals identification form (listed under 'Guidance Note No. 24' on FSC website www.fsc.org.au/standards-guidance/financial-services-council-guidance-notes.aspx) for the attorney should be submitted with this form unless Antares Capital Partners Ltd has already sighted it.

- Investor 1 Individual trustee 1 Sole director* Director 1*
 Attorney 1# Partner 1 Authorised signatory**†

Signature	Print name
Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

- Investor 2 Individual trustee 2 Director 2* Secretary*
 Attorney 2# Partner 2 Authorised signatory**†

Signature	Print name
Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

* For a company this form must be signed by two directors, a director and secretary, the sole director or authorised signatories of the company.

† An **Authorised Signatory List** must have been previously provided by the organisation.

Attorney's signature(s) must be witnessed below.

Signature of witness to Attorney 1 signature (Witness must be third party, i.e. not investor or attorney) I declare I have witnessed the signature of the named attorney	Signature of witness to Attorney 2 signature (Witness must be third party, i.e. not investor or attorney) I declare I have witnessed the signature of the named attorney
Witness name (print)	Witness name (print)
Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	Address

Please return your completed form to: National Australia Bank, Attn: Registry Services, GPO Box 1406, Melbourne, VIC 3001, or fax to 1300 365 601. If you have any questions, please contact Client Services on **1300 738 355**.