

APPLICATION FORM

MERCHANT BIOTECH FUND ARSN 654 495 468



Responsible Entity
CIP Licensing Limited
AFSL no. 471 728

This application form is used to apply for Units offered under the Product Disclosure Statement ("PDS") dated 8 November 2021 issued by the Responsible Entity of the Fund CIP Licensing Limited ("CIPLL"). Merchant Funds Management Pty Ltd ("Merchant") has been appointed as Investment Manager. You should read the Merchant Biotech Fund ("Fund") PDS in full before applying for Units in the Fund. Any incomplete application forms will not be accepted.

INSTRUCTIONS TO COMPLETE

- Please complete the application form using **BLACK INK**.
- Print within the boxes in **CAPITAL LETTERS**.
- Indicate your preference by marking boxes with 'X' where appropriate.
- Complete **ALL** parts relevant to your investor type.
- Ensure the form is signed by all relevant authorised signatories.
- Indicate how much you wish to invest in the Fund in Part 5.
- Send all additional information and documentation for AML/CTF and FATCA purposes as detailed in Part 9 for your investor type.
- Enclose a contribution cheque or EFT.
- Ensure you provide an email address to receive statements, reports and other notices and communications.

ADVISOR /
REFERRAL
STAMP:

1. INVESTOR TYPE

(a) Are you a new investor or an existing investor? (Please mark one)

☐ **New investor**

Are you a United States Citizen or Resident
for tax purposes? Y / N

A trust, company, or a financial institution that has a US Tax Payer
Identification Number ('TIN'), Global Intermediary Identification Number
(GIIN) or FATCA Status? Y / N

If yes, please provide:

Name(s):

US 'TIN', GIIN or FATCA status:

☐ **Existing investor**

Existing investor number:

Existing investor name:

2. INVESTOR DETAILS **

(a) Existing investor/New investor

Title:

Date of birth:

Surname:

Give details of your existing investor number:

Given Name(s):

Residential Address:

Suburb:

State:

Postcode:

Tax File Number:

Or exemption:

(b) Existing investor/New investor – Joint Holder Details

Title:

Date of birth:

Surname:

Give details of your existing investor number:

Given Name(s):

Residential Address:

Suburb:

State:

Postcode:

Tax File Number:

Or exemption:

** Must be completed in full

Investment Manager Merchant Funds Management Pty Ltd. Please complete and send to: Merchant Biotech Fund, PO Box 883, Nedlands WA 6909.
Responsible Entity CIP Licensing Limited Australian Financial Services Licence 471 728

More information about you

In relation to our design and distribution Obligations (DDO) under the Corporations Act, we seek the following information about your attributes as an investor. Failure to complete the question below may result in delays in processing your application.

Are you a retail client ? (please mark one)

☐ Yes

☐ No

Have you Received personal financial advice in relation to this product? (please mark one)

☐ Yes

☐ No

Are you within the target market (as set out in the

Target Market Determination document? (please mark one)

☐ Yes

☐ No

(c) Company / Partnership / Incorporated or Unincorporated association / Registered co-operative / Government body details

Full Name:

Full registered business name (if applicable) of the partnership:

Full street address of registered office: This must be a physical street address and cannot be a post office box.

Suburb:

State:

Postcode:

Full street address of principal place of business:

Suburb:

State:

Postcode:

Tax File Number:

Or ACN / ARBN:

Country of registration / establishment:

☐ Australia

☐ Foreign^ (please specify)

Are you a regulated company / partnership: (please mark one)

☐ Yes^

☐ No

Name of regulator / Registration body:

Details of relevant licence:

Is the Government body a body of (please mark one)

☐ A state, territory or a foreign country (please specify)

☐ The Commonwealth of Australia

^ Merchant Funds Management Reserves the right to request further documentation.

(d) Trustee / Responsible Entity / Custodian details

Ensure Trustee /Responsible Entity / Custodian details are entered in Part 2(a), 2(b) or 2(c)

Type of trust**:

☐ Registered Managed Investment Scheme (Part 2C)

☐ Regulated trust / Superannuation Fund (Part 2C)

☐ Government Superannuation Fund (Part 2C)

☐ Wholesale Trust (Part 2C)

Corporate Trustees use **Part 2(c)** and record director details in **Part 2 (a) / Part 2 (b)** Individual Trustees use **Part 2 (a) / Part 2 (b)**

☐ Other Trust: ☐ Discretionary ☐ Unit ☐ Fixed ☐ Hybrid ☐ Other (please specify)

Acting as

☐ Trustee for

☐ Responsible entity for

☐ Custodian for

☐ Other Please (please specify)

Name of trust:

ABN:

Tax File Number:

Superannuation Fund Number:

ARSN for registered schemes:

Country of establishment:

☐ Australia

☐ Other (please specify)

**** Must be completed in full**

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Note: The following information applies to 2(a), (b), (c) & (d).

Failure to quote a Tax File Number (TFN) or Australian Business Number (ABN) is not an offence, however, we are required to withhold tax from your distributions at the highest marginal rate of tax (plus Medicare levy) until your TFN or ABN is provided.

Collection of TFN and ABN information is authorised and its use and disclosure are strictly regulated by tax and privacy laws.

If a TFN exemption applies, please supply supporting documentation.

Existing Clients (Australian investors only): We will use the Tax File Number (TFN)/Australian Business Number (ABN) or Exemption you have previously advised unless you request us not to.

☐ If you do not wish Biotech Capital Management to use the TFN / ABN or Exemption already quoted, **please mark the box on the left.**

3. CONTACT DETAILS **

(a) Investor contact details (Joint investors please include one set of contact details for all communications)

Contact Name:

Postal Address:

Suburb:

State:

Postcode:

Telephone:

Mobile Number:

Fax Number:

Email Address:

(b) Financial Advisor contact details

Authorised Representative Name:

Dealer Group:

Mailing Address:

Suburb:

State:

Postcode:

Telephone:

Mobile Number:

Fax Number:

Email Address:

AFSL Number:

ABN:

(c) Other contact details (including attorneys/agents)

Please provide details of other parties authorised to receive details of your investment.

Name:

Company:

Relationship to investor:

Mailing Address:

Suburb:

State:

Postcode:

Telephone:

Fax Number:

Email Address:

** Must be completed in full

4. REPORTING **

Please indicate your preference for contact by marking the appropriate box. Copies of all correspondence are to be mailed to the investor and:

☐ Financial Advisor

☐ Other please specify:

Please ensure email addresses are provided in the relevant contact part above.

If you elect to receive a copy of the Fund's annual report, we are required by law to provide a copy to you free of charge (which will be sent to your specified email address). If you do not elect to receive a copy, then you may access the Annual Report on our website at www.merchantfunds.com.au (we will notify you of the website address each year).

Please mark if you would like to receive a copy of the annual report each year.

☐ I wish to receive a copy of the annual report each year

5. INVESTMENT DETAILS **

Please specify the amount you wish to invest in the Merchant Biotech Fund:

INVESTMENT AMOUNT

AMOUNT \$

The minimum investment amount is \$25,000 and after that multiples of \$10,000.

☐ YES, I have attached a cheque for the above amount payable to "Trust Company (Australia) Limited - Merchant Biotech Fund Application Account".

or

☐ EFT to the following account

Trust Company (Australia) Limited - Merchant Biotech Fund Application Account

BSB: 082-057

Account Number: 41-218-5697

The Constitution provides for the Responsible Entity to distribute Fund Income to Unitholders following the end of the financial year. Distributions of income are to be reinvested in additional Units unless the Responsible Entity decides otherwise. A Unitholder may, however, notify the Responsible Entity that it does not want the distribution to be reinvested. The notice must be given 15 business days before the end of the interim or annual distribution period.

6. BANK ACCOUNT DETAILS **

Please nominate the bank account into which you would like distributions (where not reinvested) and withdrawals paid.

Account name: (Must be in the name of an investor)

Name of Financial Institution: (Must be an Australian authorised deposit taking institution)

Branch:

BSB:

Account Number:

** Must be completed in full

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Responsible Entity CIP Licensing Limited Australian Financial Services Licence 471728

7. DECLARATION AND SIGNATURE **

By signing this application the investor acknowledges and confirms that:

- They are 18 years of age or over (otherwise applications must be made in the name of parent/guardian and signed by parent/guardian).
- They agree to be bound by the provisions of the PDS and the Fund's Constitution (which may be amended from time to time).
- This application was included in, or accompanied by, the PDS dated 8 November 2021, which they have received and read in full.
- Neither Biotech Capital, CIPL nor any other person guarantees the return of capital invested, or the performance of the Fund.
- Biotech Capital is authorised to apply the Tax File Number or Australian Business Number quoted to all investments in the name of the investor.
- Biotech Capital is authorised to disclose information relating to all investments in the name of the investor to any related entities, the investor's Financial Adviser, and anyone acting on Biotech Capital's and/or the investor's Financial Adviser's behalf such as external service suppliers who supply administrative, financial or other services to Biotech Capital and/or the Financial Adviser.

Individual / Sole Trader / Joint Partnership / Trustee

Name:

Signature:

Date:

Name:

Signature:

Date:

Company / Incorporated or Unincorporated association / Registered co-operative / Government body / Responsible Entity / Custodian (at least two to sign unless you indicate you are a Sole Director)

Name:

Title: (e.g. Director, secretary or sole director / secretary)

Signature:

Date:

Name:

Title: (e.g. Director, secretary or sole director / secretary)

Signature:

Date:

8. ADDITIONAL AUTHORISED SIGNATORIES (including attorneys / agents)

Signature:

Name:

Signature:

Name:

Signature:

Name:

Signature:

Name:

Please indicate who is to sign: If you do not indicate a choice, Biotech Capital will assume any one can sign.

☐ Any 1 to sign

☐ 2 to sign

☐ All to sign

** Must be completed in full

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9. ADDITIONAL INFORMATION FOR AML / CTF PURPOSES

In addition to completing the application form it is necessary to provide additional information and documentation to assist with customer verification procedures with regard to the AML/CTF Act and FATCA Act. Please complete the checklist below for the relevant type section you have specified in part 1b of the application form ensuring the following information is provided will enable a smooth application process.

Please be advised that a certified copy may be signed by a financial planner with more than 2 years of service, Justice of the Peace, solicitor, accountant or police officer. For more details of acceptable certification please refer to page 8.

Please note that it may be necessary to complete more than one part depending on the structure of your holding.

For example, a Trustee Company will need to complete the part for the Trustee AND the Company. An individual who has appointed a financial planner to act on their behalf will need to complete the "Individual" and "Agent" parts.

If your financial adviser has a Distribution Agreement in place with Merchant your Financial Adviser may be able to collect and retain the certified documentation as required below on behalf of Merchant.

Merchant reserves the right to request further documentation and has absolute discretion to accept or reject any application subject to the receipt of full documentation. Where any document is in a language that is not English it must be accompanied by an English translation prepared by an accredited translator.

Please indicate in the box below, as to whether a distribution agreement is in place:

☐ YES, my financial adviser is subject to a Distribution Agreement with Merchant.

If there is no Distribution Agreement in place, please provide the below listed information or documentation in respect of each investor type as applicable to your circumstances.

INDIVIDUAL / SOLE TRADER

Original or certified copy of **ONE** of the following:

- ☐ Current Australian driver's licence, containing a photograph of the person.
- ☐ Australian passport, issued by the Commonwealth (not more than two years past expiry).
- ☐ Current card issued under a State or Territory law for the purpose of proving a person's age which contains a photograph of the person in whose name the document is issued.
- ☐ Current foreign passport or similar document issued for the purpose of international travel, must contain a photograph and the signature of the person in whose name the document is issued.

COMPANY / TRUST WITH A COMPANY AS TRUSTEE

- ☐ For a proprietary company, the name of each director of the company.
- ☐ A certified list of your authorised signatories, instructions will only be accepted if signed by the signatories in Part 8.
- ☐ If the company is a proprietary company or a foreign private company and is not a regulated company, the name and residential address of any individual who owns, through one or more shareholdings, more than 25% of the issued capital of the company.
- ☐ If the company is a majority-owned subsidiary of an Australian listed company, the name of the Australian listed company and the name of the relevant market/exchange.
- ☐ If the company is a listed company, the name of the relevant market/exchange.
- ☐ In respect of a company which is trustee, the information and documentation for an individual or company as specified above; and
- ☐ If the trust is a wholesale trust, an original, certified copy or certified extract of the trust deed; or
- ☐ If the trust is a regulated trust, the name of the regulator and relevant registration/licensing details; or
- ☐ If the trust is a government superannuation fund established under legislation, the name of that legislation and the provision that establishes the fund.

IF THE TRUST IS ANY OTHER TRUST:

- ☐ In relation to the name of the trust, an original, certified copy or certified extract of the trust deed or a notice (such as a notice of assessment) issued by the Australian Taxation Office within the last 12 months; and
- ☐ Full name of each beneficiary; or
- ☐ If the terms of the trust identify the beneficiaries by reference to membership of a class – details of the class; and
- ☐ Full name and residential address of each trustee who is an individual; and
- ☐ Full name and address of each trustee who is not an individual.

PARTNERSHIPS

☐ In relation to one of the partners the information and documentation for an individual as specified above; and

ONE OF THE FOLLOWING IN RELATION TO THE NAME OF THE PARTNERSHIP:

- ☐ A certified copy of certified extract of minutes of a partnership meeting; or
- ☐ An original partnership agreement; or
- ☐ A certified copy of certified extract of the partnership agreement; or
- ☐ A notice (such as a notice of assessment) issued by the Australian Taxation Office within the last 12 months; or
- ☐ An original or certified copy of a certificate of registration of business name issued by a government or government agency in Australia

AND ONE of the following:

- ☐ An original current membership certificate (or equivalent); or
- ☐ Membership details independently sourced from the relevant association; or
- ☐ Full name and residential address of each partner in the partnership.

INCORPORATED ASSOCIATIONS

- ☐ Full name of the chairman, secretary and treasurer or equivalent officer in each case; and
- ☐ Any unique identification number issued upon incorporation by the registration body; and
Original or certified extract of:
 - ☐ The constitution or rules of association; or
 - ☐ Minutes of meeting of the association; or
 - ☐ Information provided by the relevant registration body responsible for the incorporation for the association.

UNINCORPORATED ASSOCIATIONS

- ☐ Full name of the chairman, secretary and treasurer or equivalent officer in each case; and
- ☐ In respect of a member of the unincorporated association information required for an individual as specified for individuals/sole traders above; and
Original or certified extract of:
 - ☐ The constitution or rules of association; or
 - ☐ Minutes of meeting of the association; or
 - ☐ In relation to one of the members the information for an individual as specified above.

REGISTERED CO-OPERATIVES

- ☐ Full name of the chairman, secretary and treasurer or equivalent officer in each case; and
- ☐ In respect of a member of the unincorporated association information required for an individual as specified for individuals/sole traders above; and
Original or certified extract of:
 - ☐ The constitution or rules of association; or
 - ☐ Minutes of meeting of the association; or
 - ☐ Information provided by the relevant registration body in relation to the registration of the co-operative.

GOVERNMENT BODY

- ☐ If the government body is established under legislation, please provide the full title of that legislation:

AGENTS OF INVESTORS

The following applies when an investor authorises an agent to act for or on behalf of themselves in relation to a designated service:

- ☐ Evidence of the investor's authorisation specifying the appointment of the agent (e.g. signed letter, signed authorisation form, signed power of attorney, etc.).

The following applies when a non-individual investor (e.g. company, trustee, co-operative, etc.) appoints a verifying officer (e.g. employee, agent or contractor) to identify an agent appointed by the non-individual investor:

- ☐ In respect of the verifying officer, the information for an individual as specified above.
- ☐ Evidence of the investor's authorisation specifying the appointment of the verifying officer (e.g. signed letter, signed authorisation form, etc.).

In respect of the agent:

- ☐ Full name of each agent.
- ☐ A copy of the signature of the agent.

Certified Documents

An individual who is applying for a product or service online or who is unable to come into the one of The Rock's branches in person may have their identity verified by sending to The Rock, the original documents or a copy of the documents (or combination of documents) required to identify the individual as per out above that has been certified as a true copy.

If a person is to rely on a certified copy of a document, the following requirements must be satisfied:

- Certified copies of previously certified copies will not be accepted. A properly certified copy of the **ORIGINAL** document must be provided.
- The person certifying the document must have signed the **ORIGINAL**.
- Proper certification must appear on each page to be certified, and should show:
 - the date;
 - the signature of person certifying the document; and
 - the name of the person certifying the document, this should be clearly printed or evident in any official stamp that is used;
 - the title of the person certifying the document; and
 - where relevant the registration number of the person certifying the document (for example a Justice of the Peace must include their registration number when certifying a document)

The persons who may certify a document are:

- 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 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 (Cth));
- a police officer;
- an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- 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;
- an Australian consular officer or an Australian diplomatic officer
- (within the meaning of the Consular Fees Act 1955 (Cth));
- an officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993 (Cth));
- a finance company officer with five or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993 (Cth));
- 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;
- 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.

The certifier must also include details of how they can be contacted through independent means for their certification to be verified.

**** Must be completed in full**