



CASTLE POINT

Castle Point Application Form

COMPANY APPLICANT

FEBRUARY 2022



Overview of this Application Form

How to apply

The steps for applying to be an investor with Castle Point Funds Management Limited (**Castle Point, we, us**) are set out below.

Read	Read the Product Disclosure Statement(s) for the applicable Fund(s) carefully. These can be found at: www.castlepointfunds.com/investor-documents .
Complete	Complete this Application Form if you are a Company applicant . <i>If you are investing via a trust, as an individual or jointly with another person, please download the Applicable Form from:</i> www.castlepointfunds.com/investor-documents .
Email	Email your completed documentation to: info@castlepointfunds.com . <i>If you are not able to email your documentation to us, please call our team on 09 300 6060 for help.</i>
Verify	Verify the identity and address of the Company, any beneficial owners of the Company and persons acting on behalf of the Company (as applicable).
Review	Following receipt of your Application Form we will review its contents and let you know if we require any further information. <i>We may contact you where we require additional information following our review of your Application Form. We will not be able to provide you with an investor number until all requisite documents have been provided, reviewed and approved by us.</i>
Remit	Once your Application Form is approved, we will provide you with an investor number and account details so you can remit funds for your investment.

Instructions for completing this Application Form

When completing this Application Form:

- You can either print in capital letters using a ball point pen or type directly into the Application Form.
- If an item or section is not applicable, please leave it blank.
- If you make a mistake, please cross out the error and initial the change.
- If additional space is required, please use the blank page provided at the end of this Application Form.
- If any of your details change or the documents or information that you have provided to us become outdated, please notify us immediately.

Regulatory Requirements

Castle Point is a licensed manager of managed investment schemes (MIS) under the Financial Markets Conduct Act 2013. We are also a “reporting entity” for the purposes of the Anti-Money Laundering and Countering Financing of Terrorism Act 2009.

As a licensed MIS Manager, a reporting entity and for the purposes of satisfying certain foreign tax requirements, we are required to collect and verify certain information. This is done at the time that you invest with us and thereafter, at various intervals throughout your time as an investor with us.

Help with this Application Form

Please contact us on **+64 (0) 9 300 6060** or email us at info@castlepointfunds.com if you have any questions regarding this Application Form.

Application Form

Section 1 – Investor Details

Company Details

Legal name of Company:

Principal Business Address or Registered Office Address:

Tax, Income and Company Structure

Prescribed Investor Rate (PIR) Tick one 0% 10.5% 17.5% 28% Notified Foreign Investor

Is the Company a NZ tax resident? Yes No If yes, IRD number:

Is the Company a US tax resident? Yes No If yes, TIN number:

Is the Company a tax resident in any other country(ies)? Yes No

If yes, list country(ies) of tax residence and foreign tax numbers:

Is the Company listed on a stock exchange? Yes No

Is the Company a financial institution (for example, but not limited to, a custodian, depository, investment entity or specified insurance company?): Yes No

Is the Company a vehicle for holding personal assets? Yes No

Does the Company have shares in bearer form? Yes No

Does the Company have nominee shareholders and/or nominee directors? Yes No

If yes, provide the names of the nominee shareholders and/or nominee directors:

In the preceding income year, did 50% or more of the Company's gross income come from passive income (such as dividends, interest, rents, royalties or annuities) or were 50% or more of the Company's assets held for the production of passive income? Yes No

If yes, the Company is a "passive non-financial entity." Please complete the self-certification for each of the individuals identified in Section 4 of this Application Form.

Financial Adviser

Is this investment through a financial advisor? Yes No

If yes, state the financial adviser's name and firm:

Does your financial adviser have authority to act on behalf of the Company in relation to the Company's investment with us? Yes No

If yes, please include the financial adviser in [Section 5 - Persons Authorised to Act on Behalf](#) of this Application Form.

Section 2 – Investment details (all amounts in NZ\$)

Please complete the following questions which relate to your proposed investment with us. All amounts are in NZD\$ and the initial application must be for a minimum of \$10,000. Any subsequent investments must be for a minimum of \$1,000.

In relation to your investment, please indicate how you intend on making the following:

Contributions: Regularly Intermittently N/A
Withdrawals: Regularly Intermittently N/A

Please select the primary purpose of your investment with us from the following:

Purpose: Diversified Investment Retirement Savings Other

If other, please explain the purpose of your investment here:

Please state your initial investment amount and distribution option in the table below.

Fund	Investment Amount * Minimum \$10,000 per fund	Distribution Options * The default is "re-invest" if no option is selected
Ranger Fund		Not applicable
5 Oceans Fund		Re-invest Direct Credit
Trans-Tasman Fund		Re-invest Direct Credit

Section 3 – Bank details

Provide the Company's bank account details for the payment of future withdrawals. This must be a New Zealand bank account.

Account Name:

Bank Name:

Account Number: Bank:

Branch:

Account:

Suffix:

To verify the bank account details, please provide a copy of one of the following documents.

Bank Statement dated within the last 12 months.

Bank Deposit Slip.

Correspondence from your bank with the account name and account number dated within the last 12 months.

Deposit receipt, account summary or transaction receipt stamped by the bank dated within the last 12 months.

Online bank summary page or transaction history dated within the last 12 months.

Section 4 – Directors, Shareholders & Controlling Persons

Please list below all individuals who satisfy any one of the following criteria:

A. Owns more than 25% of the Company (directly, indirectly and in aggregate).

Including individual shareholders who directly or indirectly own more than 25% of the shares of the Company (in aggregate). If a shareholder is an entity, identify the individuals who sit behind the entity.

B. Has effective control of the Company.

Including **directors** of the Company and any individuals who are responsible for the senior management decisions, or similar, of the Company.

C. On whose behalf the investment is being conducted.

Any individuals who are central to the transaction but who do not have actual or legal ownership or control of the Company.

We will contact each individual to request completion of electronic identity verification in accordance with *Section 7 - Verification of Identity and Residential Address*.

If the Company is a “passive non-financial entity;” please complete the passive non-financial entity details for each individual listed below.

Individual 1

>25% Shareholder Effective Control On Whose Behalf
Other, specify:

Full Legal Name:

Residential Address:

Phone:

Email Address:

Please complete this section if the Company is a passive non-financial entity:

Are you a US Citizen/US tax resident? Yes No If Yes, your TIN number:

Are you a tax resident in any other country(ies)? Yes No

If yes, please list the country(ies) of tax residence:
and foreign tax number(s):

Signature..... Date

Individual 2

>25% Shareholder Effective Control On Whose Behalf
Other, specify:

Full Legal Name:

Residential Address:

Phone:

Email Address:

Please complete this section if the Company is a passive non-financial entity:

Are you a US Citizen/US tax resident? Yes No If Yes, your TIN number:

Are you a tax resident in any other country(ies)? Yes No

If yes, please list the country(ies) of tax residence:
and foreign tax number(s):

Signature..... Date

Individual 3

>25% Shareholder Effective Control On Whose Behalf

Other, specify:

Full Legal Name:

Residential Address:

Phone:

Email Address:

Please complete this section if the Company is a passive non-financial entity:

Are you a US Citizen/US tax resident? Yes No If Yes, your TIN number:
 Are you a tax resident in any other country(ies)? Yes No
 If yes, please list the country(ies) of tax residence:
 and foreign tax number(s):

Signature..... Date: .

Individual 4

>25% Shareholder Effective Control On Whose Behalf

Other, specify:

Full Legal Name:

Residential Address:

Phone:

Email Address:

Please complete this section if the Company is a passive non-financial entity:

Are you a US Citizen/US tax resident? Yes No If Yes, your TIN number:
 Are you a tax resident in any other country(ies)? Yes No
 If yes, please list the country(ies) of tax residence:
 and foreign tax number(s):

Signature..... Date .

Individual 5

>25% Shareholder Effective Control On Whose Behalf

Other, specify:

Full Legal Name:

Residential Address:

Phone:

Email Address:

Please complete this section if the Company is a passive non-financial entity:

Are you a US Citizen/US tax resident? Yes No If Yes, your TIN number:
 Are you a tax resident in any other country(ies)? Yes No
 If yes, please list the country(ies) of tax residence:
 and foreign tax number(s):

Signature..... Date .

Section 5 - Persons Authorised to Act on Behalf

Please list individuals who are authorised to act on behalf of the Company in relation to its dealings with us. For example, an authorised signatory.

Please provide evidence of each of these individuals' authority to act on behalf of the Company. For example, a confirmation letter on Company letterhead or a Letter of Engagement.

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Authorised Person 1

*Details are provided in Section 4 – Beneficial Owners**

Full Legal Name*:

Residential Address:

Email:

Phone:

Relationship to the Company:

Evidence of authority has been provided: Yes No

Authorised Person 2

*Details are provided in Section 4 – Beneficial Owners**

Full Legal Name*:

Residential Address:

Email:

Phone:

Relationship to the Company:

Evidence of authority has been provided: Yes No

Authorised Person 3

*Details are provided in Section 4 – Beneficial Owners**

Full Legal Name*:

Residential Address:

Email:

Phone:

Relationship to the Company:

Evidence of authority has been provided: Yes No

Authorised Person 4

*Details are provided in Section 4 – Beneficial Owners**

Full Legal Name*:

Residential Address:

Email:

Phone:

Relationship to the Company:

Evidence of authority has been provided: Yes No

Section 6 – Authority to Instruct

Authority to instruct in relation to withdrawals and changes to Company details:

Name:

Name:

Name:

Name:

Any one of the above.

Any two of the above.

Section 7 – Verification of Identity and Residential Address

To comply with our obligations under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, and certain foreign tax requirements, we are required to verify the identity and residential address of the following:

- Any individuals who are beneficial owners of the Company, as identified in *Section 4 – Beneficial Owners of this Application Form*.
- Any persons authorised to act on behalf of the Company, as identified in *Section 5- Persons Authorised to Act on Behalf of this Application Form*.

Where you or another person identified in this Application Form do not want to, or are unable to complete electronic verification using Option 1: Electronic Verification, please refer to *Option 2: Documentary Verification*.

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Verification can be undertaken using one of the following options:

Option 1: Electronic Verification

Verification of identity and residential address can be undertaken electronically for any person who holds a current Australian or New Zealand driver's licence or passport.

Electronic verification is undertaken through a third-party verification provider using your camera phone or laptop.

Following our review of your completed Application Form, we will circulate links to the mobile phone number or email address for each individual listed in this Application Form, to complete verification of your identity and residential address.

Please note:

- If you do not hold a valid Australian or New Zealand driver's licence or passport, you will need to verify your identity and residential address using *Option 2: Documentary Verification*.
- If the link expires before you are able to verify your identity, please contact us and we will resend the link.
- If you are unable to verify your identity or residential address, we will contact you to complete verification using *Option 2: Documentary Verification* below.

Option 2: Documentary Verification

Where electronic verification is unable to be completed, verification of identity and residential address can be undertaken using documentary verification.

This requires identity and residential address documentation to be certified in accordance with the [New Zealand Certification Guide](#), where a person is in New Zealand, or in accordance with the [Overseas Certification Guide](#) where the person is overseas. Please note that we cannot accept documents that have not been certified in accordance with these guides.

The [New Zealand Certification Guide](#) and [Overseas Certification Guide](#) are available on our website at www.castlepointfunds.com/investor-documents.

Section 8 – Declaration

By signing this Application Form, we acknowledge that we have been provided with the Product Disclosure Statement(s) dated as below, applicable to the Funds the Company are investing into, and that offers to purchase Units are subject to the terms and conditions set out in the Product Disclosure Statement(s) and this Application Form.

Fund	Date of current Product Disclosure Statement
Castle Point Ranger Fund	30 June 2021
Castle Point 5 Oceans Fund	30 June 2021
Castle Point Trans-Tasman Fund	30 June 2021

We further acknowledge that we have read and understood the applicable Product Disclosure Statement(s) which contains important information about investing in the Funds. We confirm that Castle Point Funds Management Limited has not provided us with advice in relation to our particular financial situation or goals.

We irrevocably apply for the principal amount of Units shown in Section 2 of the Terms and Conditions set out in the Product Disclosure Statement(s) and this Application Form.

We consent to Castle Point using the information we have provided to it in order to satisfy its regulatory obligations. Specifically, we consent to Castle Point disclosing personal information provided to its nominated electronic verification provider for the purpose of undertaking electronic verification checks under Anti-Money Laundering and Countering Financial Terrorism Act 2009 (and related regulations and materials).

We confirm that the information and documents provided are accurate and complete and agree to notify you in writing immediately if there is any change which we become aware of which would cause the information contained in this Application Form to become incorrect or incomplete.

If the Company has two or more directors, this Application Form must be signed by at least two directors (or a director and an authorised signatory).

Name (Print):

Signature: Date:

Position:

Name (Print):

Signature: Date:

Position:

Name (Print):

Signature: Date:

Position:

Name (Print):

Signature: Date:

Position:

Application Terms

This application constitutes an irrevocable offer by you to acquire the Units specified in this Application Form on the terms and conditions set out in the applicable Product Disclosure Statement(s) and this Application Form.

We reserve the right to decline any application in whole or in part, without giving any reason. Money received in respect of applications which are declined in whole or in part will be refunded in whole or in part (as the case may be).

If this Application Form is not completed correctly, or if the accompanying payment is for the wrong amount, it may be treated as invalid. Our decision as to whether to treat an application as valid, and how to construe, amend or complete it, shall be final.

Our decision on the number of Units to be allocated to an applicant shall also be final. No reasons will be given regarding the level of allocations. Applicants will not, however, be treated as having offered to purchase more than the dollar amount of Units indicated on the Application Form.

Application moneys will be banked upon receipt. Interest earned on that account will be paid to the applicable fund.

The information you provide is covered by the Privacy Act 2020. Your rights in relation to personal information are governed by the Privacy Act 2020.

When you invest in a Fund, and during the period of your investment, personal information relating to you may be required by us, Inland Revenue, Financial Markets Authority and/or the Supervisor. This information is needed for administering your investment and may be used and disclosed for the purposes of the Fund and to assist you with other financial services provided by us.

Castle Point will use the information that you provide to it to satisfy its regulatory obligations. This includes, among other things, the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and the Financial Markets Conduct Act 2013.

During normal working hours you are entitled, free of charge, to see any personal information we hold about you. If you believe that any of the details are incorrect, you may ask for a correction to be made. If for any reason we are unable to make the correction requested, details of your request will be permanently attached to your personal information.

By signing this Application Form you agree to indemnify and keep us indemnified against all damages, costs, losses (including, without limitation, loss of profits) and expenses of any kind, whether direct or indirect, which arise from or in connection with your application for investment in Units in the Fund. This includes an indemnity covering any tax liability incurred on your account that cannot be recovered from the value of Units you hold in the Fund.

Expressions defined in the Product Disclosure Statement(s) have the same meanings in this Application Form. This Application Form is governed by New Zealand law.

Additional Comments
