

▶ New Investors

# Application Form

This Application Form is for an application for investment in the RMBL Mortgage Income Investments Fund ARSN 091 248 289 (**Fund**). This Application Form must be accompanied by the [Product Disclosure Statement](#) dated 01 February 2023 (**PDS**) and [Supplementary Product Disclosure Statement](#) dated 01 March 2024 (**SPDS**), which is issued by the Responsible Entity of the Fund, RMBL Investments Limited (ACN 004 493 789 AFSL number 223246 (**Us, We, Our**)).

If you have any questions about completing this Application Form, please contact Us on (03) 9213 5700 or email [team@rmbbl.com.au](mailto:team@rmbbl.com.au).

## HOW TO COMPLETE THIS APPLICATION FORM »

|          |   |                          |
|----------|---|--------------------------|
| <b>1</b> | Confirm whether You are investing as a Retail or Wholesale Investor in <b>Section 1</b>   | <input type="checkbox"/> |
| <b>2</b> | Complete the Target Market Questions and Investment Preferences in <b>Sections 2</b> and <b>3</b> to make sure the Fund is likely to be suitable for You and/or We send You relevant offers for Loans | <input type="checkbox"/> |
|          | <b>INDIVIDUALS</b> – Complete <b>Section 4</b>  | <input type="checkbox"/> |
|          | <b>COMPANIES</b> – Complete <b>Section 5</b>  | <input type="checkbox"/> |
|          | <b>TRUSTS</b> – Complete <b>Section 6</b> , plus <b>EITHER Section 4</b> or <b>Section 5</b>  | <input type="checkbox"/> |
|          | <b>PARTNERSHIPS</b> – Complete <b>Section 7</b>   | <input type="checkbox"/> |
|          | <b>ASSOCIATIONS</b> – Complete <b>Section 8</b>   | <input type="checkbox"/> |
| <b>3</b> | Complete Application Information – this includes AML/CTF, Investor Representative and Foreign Tax requirements in <b>Section 9</b>  | <input type="checkbox"/> |
| <b>4</b> | Complete Bank Details in <b>Section 10</b>  | <input type="checkbox"/> |
| <b>5</b> | Complete Declaration in <b>Section 11</b>   | <input type="checkbox"/> |
| <b>6</b> | Provide Identification Documents as requested in <b>Section 12</b>  | <input type="checkbox"/> |
| <b>7</b> | Return Your Application Form along with Identification Documents to RMBL  | <input type="checkbox"/> |

## IMPORTANT INFORMATION

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You must read the **PDS** prior to applying to invest in the Fund. You should also review the Target Market Determination (**TMD**) which is available on Our website at [www.rmbl.com.au/TMD](http://www.rmbl.com.au/TMD).

If You are unsure whether the Fund is suitable for Your particular personal circumstances, needs or objectives, You should seek advice from an independent financial planner as We are unable to provide You with financial advice.

Once Your funds are invested into a Loan, You are not able to withdraw your funds, except in the circumstances set out on [page 19](#) of the **PDS**.

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## PRIVACY ACT - COLLECTION STATEMENT

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This Application Form, once completed, will contain personal information about You.

We will use Your personal information to process Your application to invest into the Fund and to manage Your investment in the Fund and as otherwise outlined in Our Privacy Policy, which is available on Our website at [www.rmbl.com.au/rmbl-privacy](http://www.rmbl.com.au/rmbl-privacy).

Our general Privacy Policy details why We collect personal information, who We may disclose it to (including whether We are likely to disclose it to overseas recipients), and the main consequences (if any) if We do not collect Your Personal Information, which include Us being unable to process Your application to invest. Our general Privacy Policy also contains information about how You may seek access to, or correction of, the personal information held about You, and Our complaint resolution procedures.

If You have concerns or wish to make a complaint about how We treat Your personal information, please contact Our Privacy Officer at [privacy@rmbl.com.au](mailto:privacy@rmbl.com.au) for assistance.

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## RELEVANT DEFINITIONS

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Where applicable, definitions used match those used in the **PDS** and **SPDS**. However, additional definitions relevant to this Application Form are below. Defined terms below appear in **bold**:

**Control** means direct or indirect control of an entity including the capacity to determine decisions about financial or operating policies, or by means of trusts, agreement, arrangements, understanding and practices.

**Excluded Target Market** means someone for whom the Scheme is unlikely to be suitable for.

**LVR** means Loan to Value Ratio.

**Politically Exposed Persons** includes a head of state or government, government minister or senior politician, senior government official, judge, governor of central bank or any other person who holds a position of influence with a reserve bank, senior foreign representative high ranking members of the armed forces or board chair or senior executive of a state owned enterprise or the immediate family member or associate of any such person.

**TFN** means Tax File Number as issued by the Australian Taxation Office (ATO).

**Wholesale Investor** means a person or entity with at least \$500,000 invested with Us or who otherwise meets the relevant test under the Corporations Act 2001. Please speak to Your accountant or financial planner if You are unsure if You meet the test of being a Wholesale Investor.

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## 1. WHOLESALE INVESTORS

Please note that unless you meet a Wholesale Investor Test You will be a Retail Investor and should answer No to this question.

Will You be investing in the Fund as a Wholesale Investor?  Yes  No

If you answered No, please proceed to **Section 2**.

Will the value of your initial investment to the RMBL fund equal or exceed \$500,000?  Yes  No

If you answered No, please provide the following supporting documentation.

### Individuals

An Accountant Certificate from a qualified Accountant stating evidence of the following:

- Have a gross income for each of the last two financial years of at least \$250,000 or,
- Have or control gross assets of at least \$10 million or more.

A valid Accountant Certificate must be issued in the last 6 months.

### Trusts

• Financials or proof of assets form evidencing Trust or SMSF assets meet the minimum net asset threshold of \$2.5 Million.

• A copy of the entity's AFSL.

If You are investing as a Wholesale Investor, please proceed to **Section 3**.

## 2. TARGET MARKET QUESTIONS

These questions are designed to see if You are in the **Excluded Target Market** as defined in the TMD for the Fund. You are likely to be in the **Excluded Target Market** if You answer any of the below questions "Yes".

If You are in the **Excluded Target Market**, You should seek financial advice from an independent financial planner before completing Your Application Form as the Fund is unlikely to be suitable for Your objectives, financial situation and needs.

As explained in [Section 10](#) of the PDS, Your capital may be at risk in the event that the Borrower defaults on the Loan and RMBL must enforce its mortgage against the Security Property. As a result of this process, RMBL may be unable to recover the full amount lent to the Borrower, leaving a shortfall in funds available to repay to Investors. In that situation You may lose some of Your capital invested in that Loan. While we have risk management measures in place to mitigate the risk of capital loss, we do not guarantee return of Your Capital in the event of a default situation.  Yes  No

If a decrease in your capital were to occur, would it lead to substantial financial difficulties for you?

Do you require access to Your investment amount in the short-term (less than 1 year)?  Yes  No

As explained in [Section 8.16](#) of the PDS and SPDS, in some cases beyond Our control, a Borrower may not repay the Loan by the Maturity Date. This means that there may be a delay between the Maturity Date for a Loan and the repayment of Your capital.  Yes  No

If this was to occur, would this cause You financial or other hardship?

## 3. PREFERENCES

Please detail any preferences that You may have for particular Loans so we can send You offers that are relevant to You:

### Loan Preferences (if any):

Please note that where You select preferences, We will not send You an offer for placement of your funds into a Loan until we have a Loan available that meets Your preferences – this may take longer than where You have not selected any preferences.

Development Loans

Non-Development Loans

LVR of 60% and below

Rural Properties

Vacant Land

Other:

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**Contact Preferences**

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**Main Contact Person:**

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**Residential Address:**

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**Postal Address:**

Same as Residential

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**Email:**

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**Phone:**

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**Contact Preference:**

Email

Mail

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#### 4. INDIVIDUAL (JOINT & SOLE) INVESTORS OR INDIVIDUAL TRUSTEES

Please note that for Individual Trustees, We need details of all Trustees and each individual trustee is required to provide verification of identification in **Section 12**.

Where investing in the name of a Trust, You also need to complete Section 6.

**Please note that PO Boxes are not acceptable and full Residential Addresses are required. Mobile phone numbers are preferred where available.**

\* TFNs are **NOT** required for Individual Trustees – TFN should be provided for the Trust in **Section 6**.

##### Individual/Trustee 1

Full Name:

Date of Birth:

Residential Address:

Postal Address: Same as Residential

Phone No:

Email:

Occupation:

TFN\*:

If exempt, please provide reason

##### Individual/Trustee 2

Full Name:

Date of Birth:

Residential Address:

Postal Address: Same as Residential

Phone No:

Email:

Occupation:

TFN\*:

If exempt, please provide reason

##### Individual/Trustee 3

Full Name:

Date of Birth:

Residential Address:

Postal Address: Same as Residential

Phone No:

Email:

Occupation:

TFN\*:

If exempt, please provide reason

##### Individual/Trustee 4

Full Name:

Date of Birth:

Residential Address:

Postal Address: Same as Residential

Phone No:

Email:

Occupation:

TFN\*:

If exempt, please provide reason

## 5. COMPANIES OR CORPORATE TRUSTEES

Where investing in the name of a Trust, You also need to complete **Section 6**.

**Please note that PO Boxes are not acceptable and full Residential Addresses are required. Mobile phone numbers are preferred where available.**

\* TFNs are **NOT** required for Corporate Trustees – TFN should be provided for the Trust in **Section 6**.

Full Company Name:  
(including Corporate Trustees)

ACN:

ABN:

TFN\*:

Registered Office Address:

Principal Place of Business:

Company Type:

Public (Listed)

Public (Unlisted)

Proprietary

Please complete Director details below for PROPRIETARY Companies Only:

**Director 1**

**Director 2**

Full Name:

Full Name:

Date of Birth:

Date of Birth:

Residential Address:

Residential Address:

Phone No:

Phone No:

Email:

Email:

**Director 3**

**Director 4**

Full Name:

Full Name:

Date of Birth:

Date of Birth:

Residential Address:

Residential Address:

Phone No:

Phone No:

Email:

Email:

**Shareholder Beneficial Owners:**

**Complete for Public (Unlisted) and Proprietary Companies.**

Please provide details of individuals who ultimately own 25% or more of the company's issued share capital (through direct or indirect shareholdings). Where Beneficial Owner is also a Director, only provide the Full Name.

**Beneficial Owner 1**

**Beneficial Owner 2**

Full Name:

Full Name:

Date of Birth:

Date of Birth:

Residential Address:

Residential Address:

**Beneficial Owner 3**

**Beneficial Owner 4**

Full Name:

Full Name:

Date of Birth:

Date of Birth:

Residential Address:

Residential Address:

**6. TRUSTS**

Please make sure You complete either **Section 4** or **Section 5** (as applicable) in addition to this section.

Name of Trust:

Trust Type:  SMSF  Charitable Trust  Testamentary Trust  
 Discretionary (Family)  Other (specify):

Trust ABN:

TFN:

Country where Trust was established:  Australia  Other (specify):

Is the Settled Sum greater than \$10,000?  Yes  No  
(for Unregulated Trust) If Yes, complete the Settlor details

**Settlor 1** **Settlor 2**

Full Name: Full Name:

Date of Birth: Date of Birth:

Residential Address: Residential Address:

Phone No: Phone No:

**Beneficiary Details**

Primary beneficiaries are individuals named in the Trust Deed.

**Primary Beneficiaries**

Full Name: Full Name:

Full Name: Full Name:

Full Name: Full Name:

Full Name: Full Name:



## 7. PARTNERSHIPS

Please note that PO Boxes are not acceptable and full Residential Addresses are required.

Full Name of Partnership:

Registered business name  
of Partnership:  
(if applicable)

ABN:

TFN:

Country where Partnership established:  Australia  Other (specify):

Is Partnership regulated by professional association?  Yes  No – please provide details below:

Name of Association:

Membership Details:

**Partner 1**

**Partner 2**

Full Name:

Full Names:

Date of Birth:

Date of Birth:

Residential Address:

Residential Address:

Phone No:

Phone No:

Email:

Email:

**Partner 3**

**Partner 4**

Full Name:

Full Name:

Date of Birth:

Date of Birth:

Residential Address:

Residential Address:

Phone No:

Phone No:

Email:

Email:

**Beneficial Ownership:**

Provide details of individuals who ultimately own 25% or more of the Partnership or are entitled to exercise 25% or more of the voting rights, including power of veto OR directly or indirectly Control the Partnership. Where Beneficial Owner is also a Partner, only provide the Full Name.

**Beneficial Owner 1**

**Beneficial Owner 2**

Full Name:

Full Names:

Date of Birth:

Date of Birth:

Residential Address:

Residential Address:

**Beneficial Owner 3**

**Beneficial Owner 4**

Full Name:

Full Name:

Date of Birth:

Date of Birth:

Residential Address:

Residential Address:

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## 8. ASSOCIATIONS

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Please note that PO Boxes are not acceptable and full Residential Addresses are required.

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Name of Association:

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TFN:

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Type of Association:  Incorporated

ID Number:

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Unincorporated

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### Address details – Please provide one

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If there is no Principal Place of Administration, provide the address of the Registered Office or the address of an officeholder of the Association

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Address of Principal place  
of administration:

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Address of Registered Office:

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Office Holder Address,  
including name and position:

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### Officeholder Details (as applicable)

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#### Chairperson

#### Secretary

Full Name:

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Full Name:

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Date of Birth:

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Date of Birth:

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Residential Address:

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Residential Address:

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Phone No:

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Phone No:

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Email:

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Email:

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| <b>Treasurer</b>     | <b>Public Officer</b> |
|----------------------|-----------------------|
| Full Name:           | Full Name:            |
| Date of Birth:       | Date of Birth:        |
| Residential Address: | Residential Address:  |
| Phone No:            | Phone No:             |
| Email:               | Email:                |

**Beneficial Ownership**

Provide details of any other person who has indirect or direct **Control** of the Association.

| <b>Beneficial Owner 1</b> | <b>Beneficial Owner 2</b> |
|---------------------------|---------------------------|
| Full Name:                | Full Name:                |
| Date of Birth:            | Date of Birth:            |
| Residential Address:      | Residential Address:      |

| <b>Beneficial Owner 3</b> | <b>Beneficial Owner 4</b> |
|---------------------------|---------------------------|
| Full Name:                | Full Name:                |
| Date of Birth:            | Date of Birth:            |
| Residential Address:      | Residential Address:      |

## 9. APPLICATION INFORMATION

Our Account Details for EFT: Westpac – BSB: 033-186 Account Number: 172767

Please provide Your Deposit ID (*if known*) or name as a reference

### Investment Information

Investment Amount \$

How will You be providing Us with Your Application Funds:

Cheque

Electronic Funds Transfer (EFT)  
See details above

Direct Debit Request  
Please complete details in section 10.1

Transfer from another investor

Name:

ID:

Please provide reason for transfer below:

Interest Instructions:

Reinvest

Pay into nominated bank account  
Please provide bank account details in section 10.2

Joint Applicants Only Who will operate Account?  Any to sign  Both to sign

### Anti-Money Laundering & Counter-Terrorism Financing Related Questions

Source of Funds:

Savings

Inheritance

Gift

Wages

Superannuation savings

Redundancy

Sale of Asset

Business Activity

Other (specify):

Politically Exposed Persons: Are any people noted in this Application Form a **Politically Exposed Person**?

No  Yes – please state name of individual:

### Foreign Tax Questions

Is any Applicant a tax resident of another country?

No  Yes – please complete Foreign Tax Information Form

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**Investor Nominated Representative Details (if applicable)**

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Please refer to Section 20 of the PDS, noting that Investor Nominated Representatives will have access to Your personal information and can act on Your behalf.

Verification of Identification Documentation is required for Investor Nominated Representatives in **Section 12**

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**Full Name:**

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**Date of Birth:**

---

**Residential Address:**

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**Phone No:**

---

**Email:**

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**Capacity:**  Full Authority  Limited Authority

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**Signature:**

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**10. BANK DETAILS (INCLUDING DIRECT DEBIT INFORMATION)**

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**10.1 - Direct Debit Information**

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Complete this if You would like Us to arrange for Your investment amount to be direct debited from Your bank account

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**Amount to be debited:** \$

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**Date for funds to be debited:**

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**Account Name:**

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**Bank:**

**BSB:**

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**Account Number:**

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I authorise RMBL to debit the above amount on the above date from the nominated account (please tick)

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**10.2 - Interest Payments Bank Account**

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Complete this if You would like interest payments to be paid to You each month, and do not want Your interest to be reinvested

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**Bank:**

**BSB:**

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**Account Name:**

**Account Number:**

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**11. DECLARATION**

**By completing and signing this Application Form, You declare that:**

- (a) You have received, read and understood a copy of the Product Disclosure Statement (**PDS**) dated 01 February 2023 and Supplementary Product Disclosure Statement (**SPDS**) dated 01 March 2024.
- (b) You understand that You are bound by the terms and conditions of the RMBL Mortgage Income Investments Fund Constitution.
- (c) All the details You have provided are true and correct to the best of Your knowledge.
- (d) You understand that We will collect personal information for the purposes of being able to process Your application and administer Your investment in the Fund.
- (e) Where You have appointed an Investor Nominated Representative, that You have read and understood Section 20 of the PDS and understand that this Investor Nominated Representative will have the same powers as You to deal with Your investment in the Fund on Your behalf.
- (f) You understand that Your investment is subject to the risk of loss of capital and/or interest as the return of Your funds and the payment of interest is linked to the Borrower’s repayment of capital and/or payment of interest as explained in Section 10 of the PDS.
- (g) You understand that once Your funds are invested into a Loan, You are unable to redeem Your funds prior to maturity or repayment except at Our discretion as set out in Section 8.17 of the PDS.
- (h) You understand that in the circumstances of a Borrower requesting an extension to a Loan where the value of the Security Property results in a breach of the LVR, Your funds will be unable to be returned and will remain in the Loan until the Borrower has provided additional capital or security to bring the LVR back within guidelines as explained in Section 8.16 of the PDS and SPDS.
- (i) You understand that following the expiry of the term of a Loan, there may be a delay between the Maturity Date and the return of Your funds due to circumstances beyond Our control as explained in Section 8.16 of the PDS and SPDS.
- (j) Where a Borrower requests an extension to a Loan, we will write to you advising the renewal terms. You understand that in the circumstance of a Borrower requesting an extension to a Loan, we will write to you to seek your consent to renew your Investment in that Loan. If you have not responded to two requests seeking consent, we will subsequently confirm with you in writing that you have deemed consent to remain invested in the Loan. Your investment in the Loan will remain invested for the renewal term unless you elect in writing to re-allocate your investment to another Loan(s) or to have your funds repaid. Refer to the PDS and SPDS for an explanation on Loan renewals and deemed consent.
- (k) By providing Your email and/or mobile number in this application, You agree to be sent electronic communications.

**Signatures by Applicants**

|  |   |
|--|---|
| <b>Individuals:</b><br>(including Individual Trustees) | All Applicants / Trustees                                     |
| <b>Companies:</b><br>(including Corporate Trustees)    | Two Directors / Director & Company Secretary or Sole Director |
| <b>Partnerships:</b>                                   | All Partners or as per Companies for Company Partners         |
| <b>Associations:</b>                                   | Two Authorised Signatories including Public Officer           |

**Signature 1**

**Signature 2**

**Full Name:**

**Full Name:**

**Capacity:**

As listed above

**Capacity:**

As listed above

**Date:**

**Date:**

## 12. VERIFICATION OF IDENTIFICATION

| Applicant Type | Verification of Identification (VOI) Requirements  |
|----------------|--|
| Individuals:   | Certified VOI Documents for each Applicant.  |
| Companies:     | Certified VOI Documents for each Director and Beneficial Owner identified  |
| Trusts:        | VOI Documents for each Individual Trustee and/or Beneficial Owners and Settlor where settled sum is greater than \$10,000 <b>PLUS</b> an original <b>OR</b> certified copy of the Trust Deed or an original or certified extract of the Trust Deed.<br>If the Trustee is a Corporate then we require VOI for the Directors of the Company. |
| Partnerships:  | VOI Documents for Individual Partners and Beneficial Owners <b>PLUS</b> verification of Partnership Name and membership of Professional Association.<br>If the Trustee is a Corporate then we require VOI for the Directors of the Company.  |
| Associations:  | VOI Documents for each Beneficial Owners <b>PLUS</b> verification of name of Association and ID Number   |

### VOI Requirements for Individuals, Directors, Partners and Beneficial Owners

Please choose either 1 document from Option 1 **OR** 2 documents from Option 2.

#### OPTION 1

Primary Documents – Documents containing a photograph  
Please provide **ONE** of these Documents

- Australian State/Territory Driver's Licence (**Front and Rear**)
- Australian Passport\*
- Card issued under a State or Territory for purpose of providing a person's age
- Foreign Passport – Non-English Passports to be accompanied by an English Translation

\* Passports with an expiry date under 2 years are acceptable.

#### OPTION 2

Secondary Documents – Documents without a photograph  
Please provide **TWO** of these Documents – **One from each column**

| One from this column   | One from this column  |
|--|---|
| <input type="checkbox"/> Australian Birth Certificate                            | <input type="checkbox"/> A document issued by the Commonwealth (including the ATO) of a State or Territory within the preceding 12 months which contains the individual's name and residential address  |
| <input type="checkbox"/> Australian Citizenship Certificate                      | <input type="checkbox"/> A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address of that person (must contain the individual's name and residential address)       |
| <input type="checkbox"/> Pension Card issued by the Department of Human Services | <input type="checkbox"/> If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months and contains the name and residential address and records a period of time that the individual attended the school |

### VOI Document Requirements for Trusts, Partnerships and Associations



## Trusts

- Original or Certified Copy of Trust Deed; **OR**
- Original or Certified Copy of extract of Trust Deed including name of the Trust, Trustees, Beneficiaries or Members, Settlor/s and Appointers (where applicable).

## Partnerships

Provide **ONE** of these Documents

Provide **ONE** of these Documents if Partnership is regulated by a Professional Association

- Original or Certified copy or Certified Extract of Partnership Agreement
  - A Certified copy of Certified extract of minutes of a Partnership Meeting
  - Search of relevant ASIC, government or other regulators database (such as ABN lookup)
  - Notice issued by the Australian Taxation Office within the last 12 months
  - Original or Certified copy of a certificate of registration of business name issues by an Australian government or government agency
- Original current membership certificate
  - Membership details independently sourced from professional association

## Associations

### Incorporated Associations

Provide **ONE** of these Documents

### Unincorporated Associations

Provide **ONE** of these Documents

- Information provided by ASIC or the government body responsible for incorporation of the Association
  - Original or Certified copy or Certified extract of Constitution or Rules of Association
  - Original or Certified copy of Certified extract of minutes of a meeting of the Association
- A search of relevant government or regulator database (such as ABN Lookup)
  - Original or Certified copy or Certified extract of Constitution or Rules of Association
  - Original or Certified copy of Certified extract of minutes of a meeting of the Association

## Who Can Certify VOI Documents?

Architect

Commissioner for Affidavits

Chiropractor

Commissioner of Declarations

Dentist

Credit Union Officer #

Financial Advisor/Planner

Employee of a Commonwealth authority #

Legal Practitioner

Engineer\*

Medical Practitioner

Finance Company Officer #

|  |  |
|--|--|
| Midwife  | Judge  |
| Registered Migration Agent   | Justice of the Peace   |
| Nurse  | Magistrate   |
| Occupational Therapist   | Registered Marriage Celebrant  |
| Optometrist  | Master of a court  |
| Patent Attorney  | Officer of the Australian Defence Force #  |
| Pharmacist   | Member of the Australasian Institute of Mining and Metallurgy  |
| Psychologist   | Member of the Governance Institute of Australia  |
| Trade Marks Attorney   | Member of Parliament – Federal and State   |
| Veterinary Surgeon   | Minister of Religion   |
| Accountant*  | Notary Public  |
| Agent of Australian Postal Corporation who is in charge of an office supplying postal services to the public | Permanent employee of Australia Post #   |
| Australian Consular Officer or Australian Diplomatic Officer   | Police Officer   |
| Bailiff  | Registrar or Deputy Registrar of a Court   |
| Bank officer #   | Senior executive employees of a Commonwealth Authority   |
| Building Society Officer#  | SES employee of the Commonwealth   |
| Chief Executive Officer of a Commonwealth Court  | Sheriff or Sheriff's Officer   |
| Clerk of a Court   | School or Tertiary Teacher employed on a permanent basis by a School or Tertiary Education Institution |
| An officer or authorised representative of an AFSL holder #  | An officer or credit representative of holder of an Australian credit licence #                        |
| # - person must have been 2 or more years of continuous service  |  |