

THIS FORM SHOULD BE FILLED IN AND SEND BY
EMAIL TO nanocap8@microequities.com.au

MICROEQUITIES
ASSET MANAGEMENT

CAPTURING VALUE
DELIVERING RETURNS

APPLICATION FORM

INVESTOR ENTITY

Name: _____
DOB: ___/___/___ ABN: _____ TFN: _____
Contact Name: _____
Address: _____
Ph: _____ E-mail: _____

Amount Invested: A\$ _____

• Cheque made payable to Microequities Asset Management Pty Ltd ATF Microequities Nanocap Trust No 8

• Paid by EFT Reference _____

EFT can be made to: BSB: 067167 Account: 19272844 Name: Microequities Nanocap Trust No 8

IF YOU ARE MAKING AN EFT PAYMENT/CHEQUE DEPOSIT, PLEASE NOTE YOUR NAME OR ENTITY AS A REFERENCE

DISTRIBUTION PAYMENT DETAILS

Bank: _____ BSB: _____ Account No: _____
A/C Name: _____

Declaration: I/We declare that:

All details provided by me/us in this application are true and correct

I/we have received and read a copy of the Information Memorandum dated 8 June 2016 and agree to the offer contained in it and to be bound by its Trust Deed and any other additional obligations or restrictions contained in the Information Memorandum.

I/We acknowledge that investments in the Microequities Nanocap Trust No 8 are subject to investment risk, including possible delays in repayments and loss of income or principal invested.

I/we have noted the withdrawal (redemption) provisions in the Information Memorandum.

I/We further acknowledge that Microequities Asset Management Pty Limited or their members, directors, employees, consultants, appointed investment managers (if any), advisers or agents do not guarantee the repayment of capital invested in the Fund, the payment of income from the Fund or the performance of the Fund or an investment in the Fund generally.

Joint Applicants must both sign. Applications under a Power of Attorney must be accompanied by a certified copy of the Power.

Name: _____ Name: _____

Signature: _____ Signature: _____

Date: ___/___/___