

# EXPRESSION OF INTEREST ON ESVCLP

\_\_\_\_\_ (Applicant) of

\_\_\_\_\_ (Address)

applies for subscription for **Capital Commitment Amount** (AUD): \$ \_\_\_\_\_

in **SpringCapital ESVCLP Fund** (ILP 1800032).

## **Instruction:**

1. All blanks are Mandatory;
2. All Investors shall provide S708 Accountant Certificate for Wholesale Investor;
3. All Investors shall provide the photo of photo ID. eg: Australian Driver License or Passport.
4. Company Registration Certificate shall be provided if investors would like to use company or company as trustee to make the investments.
5. We may ask for additional documents if you are not a resident of Australia for tax purposes.
6. Please select and fill in the form(s) based on your conditions:
  - (1) Individual as investment entity: Form 1
  - (2) Company as investment entity: Form 1 & 2
  - (3) Trust as investment entity and the trustee is individual: Form 1 & 3
  - (4) Trust as investment entity and the trustee is a company: Form 1 & 2 & 3
7. Please send the completed form and all required materials to [esvclp@springcapital.com.au](mailto:esvclp@springcapital.com.au).

**Form 1**

## INDIVIDUAL / INDIVIDUAL TRUSTEE

First Name		Last Name	
Date of Birth (dd/mm/yy)		Phone	
Email		Country	
Residential Address		Suburb	
City/State		Postcode	
Are you a resident of Australia for tax purpose? (If not, please fill in your country of residence for tax purposes)			
TFN (If applicable)			
Driver license number or passport number (Please provide a copy of your photo ID)			
Authorised People (Optional)	Full Name		
Email		Phone	

## COMPANY / CORPORATE TRUSTEE

Information of company/corporate trustee			
Full name			
Email		Phone	
Place of business address			
Registered office address			
Country			
ABN /ACN			
TFN			
Information of All Directors			
1. Name		Date of Birth	
Address			
2. Name		Date of Birth	
Address			
3. Name		Date of Birth	
Address			
4. Name		Date of Birth	
Address			
The name, address and Date of Birth of beneficial owners of the company (people who own 25% or more or have control over the company)			
1. Name		Date of Birth	
Address			
2. Name		Date of Birth	
Address			
3. Name		Date of Birth	
Address			
4. Name		Date of Birth	
Address			

**\*Each director of the company shall provide S708 Accountant Certificate for Wholesale Investor.**

**Form 3****TRUST / SMSF**

Full name			
ABN		Country where established	
Full business name (if any) of trustee			
TFN			
Information of All Beneficiaries (If trustee is an individual, please fill in individual verification details in <b>Form 1</b> ; If any of the trustees is a company, ID in accordance with the company verification requirements in <b>Form 2</b> ).			

**Contact**

Tel: 1300-039-988

Email: [esvclp@springcapital.com.au](mailto:esvclp@springcapital.com.au)

Website: [www.springcapital.com.au](http://www.springcapital.com.au)

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