READY TO APPLY? - Easy how to guide below

There are THREE (3) parts to the Application to Invest. Please ensure you complete all THREE (3) parts as detailed below:

PART ONE

- 1. Please complete each section
- Have <u>all</u> persons associated with the investment entity <u>sign</u> at the bottom of page 4:

PART TWO

- 1. Please select what type of entity is making this Application to Invest, i.e.
 - Individual

Joint Individual

Trust

Company

- Partnership
- 2. Complete only the Part Two section that corresponds to your particular investment entity

PART THREE

- Refer to 'Are you a Wholesale Investor' diagram found at the rear of the Information Memorandum, to see which Investor Certificate you need to complete as part of your application to invest.
- 2. If you are investing more than \$750,000 upon acceptance of your application, you do <u>not</u> need an Investor Certificate for this investment:

Otherwise, you need to complete:

- Certificate A or
- Certificate B and Certificate C (confirming the contents of Certificate B)

Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML Act)

To help the New Zealand government fight the funding of terrorism and money laundering activities, the law requires all financial institutions to obtain, verify and record information that identifies each person who completes an application to Invest. MyFarm is required to comply with these regulations. What does this mean for you? We may ask for a range of identity or address verification documents as well as written evidence of the individuals who have effective control or who benefit from the investment entity, including in some cases, evidence of the initial and subsequent funding of the entity. We may ask to see the originals of some of this documentation or require you to obtain copies "certified" by a professional we trust.

Please contact our team: (investments@myfarm.co.nz) or free phone 0800 693 276 to discuss any of these requirements.

Bio-Verification of identity information

card signed by you and issued by a registered New Zealand bank and a bank statement issued by a registered New Zealand bank dated, within the previous

12 months

Syndex Biometric Verification is MyFarm's primary tool to verify your identity. This verification process is only available to NZ Passport or NZ Driver's Licence holders who reside in New Zealand. The Bio-verification process is done through an online link and is immediate, removing the need for certified documents.

If you do not complete this process the certified original copies of the following required documents must be provided.

Identification and Address Verification Requirements

OPTION TWO Address verification: Copy of one of the following: Provide one of the following: □ Rates notice □ Current New Zealand Passport Utility bill (e.g. electricity or telephone account) Current international passport Bank Statement dated within the last New Zealand firearms license 3 months **OPTION THREE AND** Provide one of the following: □ New Zealand driver license Bank documents: Copy of one of the following: □ International driver license Bank Statement dated within the last 3 months Plus, one of: □ New Zealand birth certificate Deposit Slip □ Overseas birth certificate Note: The statement/deposit slip must match the □ New Zealand certificate of citizenship account details you provide in part one of the □ Citizenship certificate issued by a foreign Application Form. Government ☐ Current credit card, debit card or Eftpos

APPLICATION FORM: Applicant Information & Signatures

Only to be completed by persons investing no less than \$20,000 and who fall within Schedule 1, clause (3)(2)(a) -(c) or (3)(3)(a)-(b)(ii) (inclusive) of the Financial Markets Conduct Act 2013.

To: AGInvest Trading Limited (trading as MyFarm Investments) ("MyFarm"), PO Box 91, Feilding

Re: MYFARM KIWIFRUIT FUND LIMITED PARTNERSHIP

1. CONTACT DETAILS

This is an offer to wholesale investors of Units representing partnership capital in the MyFarm KiwiFruit Fund Limited Partnership ("The Partnership", or "KiwiFruit Fund LP", or "the Fund"), a Limited Partnership formed to own 17 kiwifruit orchards located within New Zealand's key growing regions, and for the Partnership to accumulate further Zespri shares to add to the Fund's existing 1.2 million Zespri share portfolio. Please complete the form using block capital letters.

IMPORTANT: Please email completed form (Parts One, Two and Three) and supporting documentation to: investments@myfarm.co.nz.

For all the corresp	ondence regarding the MyFarm	KiwiFruit Fund I	Limited Partnership:	
Applicant Name	(Investment Owner/Entity):			
Primary Contact	(One Individual):			
Investment Own	er/Entity details:			
Postal Address:			Physical Address (if	f different from Postal):
	Postcoo	de:		Postcode:
Home Phone:			Mobile Phone:	
Email (we must	have an email for the main conta	act):		
The Unit price is \$ multiples of 1,00	0 (\$1,000) thereafter.			the size of an investment can be increased in
Of the amount ap	oplied for 100% is payable on a	application, or r	io later than Thursday 29	an August 2024.
Number of Units	applied for:		Total Investment:	\$
PAYMENT DETA Full payment is r	NLS equired on application, or no	later than 29th /	August 2024.	
Direct credits to: Bank Account:	Sharp Tudhope Trust Acco 06-0433-0020939-00	Swif	t Code: ANZBNZ22	g and Grey Streets, Tauranga

MKFLP + [YOUR INVESTMENT ENTITY NAME]

Please ensure that any and all bank fees are added to your payment, particularly if funds are being transferred from outside New Zealand. MyFarm reserves the right to reject any application if payment is not made on the due date.

4. DEDUCTION OF WITHHOLDING TAX RATE ON INTEREST PAYMENTS

Please circle one. If exempt from Resident Withholding Tax, please attach a copy of Certificate of Exemption): Non notification will be taken as 45%.

Cyampt	10.5%	17.5%	28%	30%	33%	30%	Non-	Resident Country:	l
Exempt	10.5%	17.5%	20%	30%	33%	39%	Resident	NRWT Rate:	l

5. BANK ACCOUNT DETAILS

Bank account details MUST be completed and must match Investment Owner/Entity. (Joint Individuals providing two bank accounts, go to Part Two)

Account Name(s):																	
Account Number:	bank	ζ		bran	nch		acc	ount	num	ber			suf	fix			
Compulsory Information for Overseas Bank Accounts	Bank Acco	ount/	IBAN	Num													

Please note: Bank account details are to be for the same Owner/Entity as named in this Application to Invest.

6. ANTI MONEY LAUNDERING (AML) AUTHORITY

I/We agree to co-operate with MyFarm and the Partnership in complying with any and all of their obligations relating to the AML and any corresponding regulations including, but not limited to, providing them with such further information that they may require in order to discharge their obligations under the AML. I/We consent to the disclosure of the information contained in this Application (and of any further information that may be required by MyFarm and/or the Partnership) to third parties for that purpose. MyFarm reserves the right to reject any Application without completed AML requirements.

7. FINANCIAL MARKETS CONDUCT ACT 2013

The investing entity is (or is controlled by) an entity which (Tick ONE of the following):

а		is an "investment business" as defined in Schedule 1, cl 37 of the FMCA. Certificate A (1. i)
b		meets the investment criteria specified in Schedule 1, clause 38 of the FMCA. Certificate A (1. ii)
С		is "large" as defined in Schedule 1, clause 39 of the FMCA. Certificate A (1. iii)
d		is an "eligible investor" as defined in Schedule 1, clause 41 of the FMCA. Certificates B and C
<u>DR</u> The inve	esting e	ntity is:
е		is investing a minimum of NZD \$750,000 upon acceptance in accordance with Schedule 1, clause 3(3)(b)(i) or (ii) of the FMCA. An Investor Certificate is <u>not</u> required.

If the above applies I/We confirm that I/We understand that -

- the usual legal rules that require information to be given to investors for offers of financial products do not apply if the amount invested upfront by me/us (plus any other investments I/we have already made in those financial products) is \$750,000 or more; and
- I/We may not receive a complete and balanced set of information about this investment; and
- I/We have fewer legal protections for this investment; and
- this investment is not suitable for retail investors; and
- I/We have been advised to ask questions, read all documents carefully, and seek independent financial advice.

Before any subscription can be considered for acceptance by MyFarm KiwiFruit Fund LP in respect of this Offer, MyFarm KiwiFruit Fund LP and MyFarm must be satisfied that the correct certificates forming part of the application have been completed.

8. PLEASE READ THIS BEFORE SIGNING

I/We confirm that:

- a) I/We have received a copy of the MyFarm KiwiFruit Fund LP Information Memorandum dated 24 July 2024.
- b) Investment decisions are very important, and it has been made clear to me/us that I/we am/are free to take such other professional advice as is necessary. I/We have been provided with all the relevant information required to make the investment decision and have taken any advice that is appropriate.
- c) I/We acknowledge and accept the Disclaimers and Declarations of Interest as set out in the MyFarm KiwiFruit Fund LP Information Memorandum dated 24 July 2024.
- d) I/We accept that I/We must make full payment totalling NZ \$1.00 per Unit (100% of investment) on application, or no later than Thursday 29 August 2024.
- e) I/We confirm that the owner/entity, who takes up the investment, can make these payments as detailed above.
- f) I/We acknowledge and agree that the owner/entity will become bound as a Limited Partner under the Limited Partnership Agreement, as set out in the IM.
- g) The owner/entity undertakes to enter into a Deed of Adherence, whereby the owner/entity will become bound to the Limited Partnership Agreement.
- h) I/We acknowledge that the completed application once submitted to MyFarm, cannot be withdrawn without authorisation by MyFarm.
- i) I/We acknowledge that MyFarm reserves the right to accept any application and reject any application subject to its discretion.
- l/We accept that if the owner/entity does not make full payment by the due date advised they will be charged, and interest will accrue at 13% (or such greater rate as specified in any relevant contract for which the funds are required) on all outstanding funds from the due date until payment or otherwise.
- k) Under the terms of the Unsolicited Electronic Messages Act 2007, I/we provide my/our consent to receiving commercial electronic messages for the purpose of that Act.
- I) I/We agree that the terms of the Limited Partnership Agreement as disclosed to us will take effect from the date on which the Transaction becomes unconditional and from that date I/We, together with all other applicants, will be bound by the Limited Partnership Agreement as if I/We had signed it. I/We agree to sign the Limited Partnership Agreement without amendment when requested to do so.
- m) I/We acknowledge that Sharp Tudhope does not act for me/us in connection with this investment.
- n) I/We agree that funds paid by me/us to Sharp Tudhope for the purposes of this Application will be held in the Sharp Tudhope trust account and I/we irrevocably authorize Sharp Tudhope to disperse of these funds as follows:
 - (i) to me/us in accordance with our written instructions (and subject to compliance with AML requirements) if the transaction described in the MyFarm KiwiFruit Fund LP IM dated 24 July 2024 ("Limited Partner Transaction") does not become unconditional and is cancelled; or

- (ii) to or for the benefit of the party nominated to complete settlement of the Limited Partner Transaction in accordance with the instructions of MyFarm if the Limited Partner Transaction becomes unconditional. The amount of any overpayment not exceeding \$25.00 may be paid as miscellaneous revenue; or
- (iii) in accordance with joint written instructions from me/us and MvFarm.
- o) I/We hereby apply for the number of Units shown above and agree to accept such Units on and subject to the terms and conditions set out in the MyFarm KiwiFruit Fund LP Information Memorandum dated 24 July 2024, and on the terms set out in the application instructions.
- p) I/We understand that MyFarm KiwiFruit Fund LP and MyFarm will hold personal information in respect of me/us in relation to my/our investment in MyFarm KiwiFruit Fund LP. I/We understand that I/we may request to see and, if necessary, request the correction of the personal information.
- q) I/We declare that all the details and statements made by me/us in this application form are complete and accurate.
- r) I/We agree to co-operate with MyFarm and the Partnership in complying with any and all of their obligations relating to Anti Money Laundering (AML) and any corresponding regulations including but not limited to providing them with such further information that they may require in order to discharge their obligations under the AML. I/We consent to the disclosure of the information contained in this Application (and of any further information that may be required by MyFarm and/or the Partnership) to third parties for that purpose. MyFarm reserves the right to reject any Application without completed AML requirement.

9. DECLARATION AND SIGNATURE - ALL APPLICANTS TO COMPLETE

- a) I/We hereby apply for the number of Units shown above and agree to accept such Units on and subject to the terms and conditions set out in the MyFarm KiwiFruit Fund LP Information Memorandum dated 24 July 2024, and on the terms set out in the Application instructions.
- b) I/We understand that MyFarm KiwiFruit Fund LP and MyFarm will hold personal information in respect of me/us in relation to my/our investment in the MyFarm KiwiFruit Fund LP. I/We understand that I/We may request to see and, if necessary, request the correction of the personal information.
- c) I/We declare that all the details and statements made by me/us in this Application Form are complete and accurate.

Signature of Applicant:	Date:
Signature of Applicant:	Date:

PLEASE HAVE ALL APPLICANTS SIGN ABOVE

If the Application is signed under Power of Attorney (POA), a copy and a Certificate of Non-Revocation of POA and must be provided to MyFarm and both the grantor and the attorney will be required to comply with AML regulations.

APPLICATION FORM: Entity/Applicant Details

PART TWO

	Individual Joint Individuals		Trust Compai	ny		Partnership						
-	INDIVIDUAL CH Applicant will need to provide to the commentary verification NZ Passport or NZ Dr	ation MyFarm has adopt										
	If you are eligible for the address so we can for				above, ple	ase ensure you i	nclude	your me	obile _l	phone n	number a	and email
	Alternatively, if you do process will apply:	not have a NZ Driver's	Licence and ho	old a foreign p	passport C	R if you are resid	dent out	tside of	New	Zealand	l, the foll	lowing
Pers	sonal Identification – a co	ertified copy is required	d of one of the follo	owing:								
	Passport	OR NZ F	Firearms License		OR	NZ Driver's Licen	se					
		firm that: a true copy of the orig enting the document is		on reflected in	n the docu	ment. Please refe	er to the	e 'How t	о Арр	oly' sect	ion for r	nore
ii.	Address Verification –	Utility (electricity, w IRD tax notice or st Insurance policy do Bank statement fro A document issued	rater, telephone, graterment ocument om a registered bad by a NZ Governr	as) statement ank ment agency								
iii.	The supplied document IRD Details – a copy of Department automates	an IRD tax notice or sta	atement confirming	g the name an	nd IRD num	ber of the Investm	ent Ow	ner / Ent	ity. Th			
iv.	Bank Account Details Bank Account Details On	-	ollowing is required slip tement, stamped a	d to confirm th	ne name ar		umber o nent fror	of the Inve on a regis	estme	nt Owne		•
	se fill out ALL areas and		is.									
	PPLICANT – Individua gal FIRST Names(s)	l Details	Legal FAMIL	I V Name			IBD I	Number	*Por	nuired		
LC	gair into i Haines(s)		Legal i Ailii	Li Haine				Varioci	1100	quireu		
Da	ate of Birth	Place of Birth (Tov	ero/Cite/	Country	of Dieth.		Ara	rou o N	<u>~~~ 7</u>		Citizen	
De	ate of birtin	Place of Billii (10)	vii/Gity).	Country	JI DII III.		Circl				Citizen	
							one			Yes		No
En	mail *Required											
Ac	ddress: Flat/Apartment	No:		Street:								
RE	D/PO Box No./Suburb:			Town/City:								
Po	ostcode:			Country: (if not New 2	Zealand)							
Ph	none (mobile) *Require	d:		Phone (hom	ne/work):							
	ou hold dual Citizenship, _I	<u> </u>		Citizenship for								
	olitically Exposed Pers										Circle	
На	ve you, or an immediate far	nily member, held a publi	c office position e.g	g. diplomat, hig	h level judic	ial or military or min	isterial p	osition?			Yes	No
lf v	es, please specify:											

11. JOINT INDIVIDUAL

EAC	CH Applicant will need to p	orovide:																	
i.	For documentary verifica This verification process removing the need for ce	is only a	vailable to I												Bio-ver	ification pro	ocess i	s imme	diate
	If you are eligible for the address so we can forw	e Bio-ve	erification _l	process nk to in	s as per th	he req proce	uirem ess.	ents a	bove,	please	ensur	e you	includ	le you	ır mobile	e phone n	umber	and e	mail
	Alternatively, if you do process will apply:	not have	e a NZ Driv	/er's Li	cence and	d hold	a fore	eign pa	asspo	rt OR i	f you a	re res	ident o	outsid	e of Nev	v Zealand	, the fo	llowing	g
Pers	sonal Identification – a ce	ertified o	copy is requ	uired of	one of the	follov	ving:												
	Passport		OR	NZ F	irearms Li	cense				OR	NZ [Oriver's	s Licen	se					
	The Certifier must conf 1. The document is a 2. The person prese information.	a true co	opy of the			erson	reflec	ted in t	the do	cumer	nt. Plea	ase re	fer to 1	the 'H	ow to A _l	pply' secti	on for	more	
ii.	Address Verification –	an origin			y (dated v , water, tel					s requi	red of o	one of	the foll	owing	:				
			, ,	•	statemer	•	.c, gc	, otato.											
					documen					-									
					from a reg		d bank			-									
					ed by a N				ncv	-									
	The supplied document r	must stat			-			-	-	 ed with	I in 3 mo	nths o	f recei	ot of a	oplication	n.			
iii.	IRD Details – a copy of	an IRD	tax notice o	or staten	nent confi	rming	the na	me and	d IRD i	numbe	r of the	Invest	ment C	Owner	/ Entity.	The Inlan			
	Department automates	s the line	king of IRD	numbe	ers detwe	en Lir	nitea F	artnei	rsnip e	entities	and th	ie unit	noider	s inve	stea in t	(nose Limi	ted Pa	rtnersr	nps.
V.	% Share Income to be We have been advised the returns that is to be attrib	hat each	party in a "			owners	ship is	require	d to pr	ovide t	heir ind	lividual	l IRD n	umbe	rs, along	with the %	of the	investr	ment
	This % and the IRD num			ant will	be provid	ed to t	he svn	dicate	accou	ntant ir	order t	to com	plete t	he anı	nual filino	of the svr	dicate	s tax re	eturn. It
	is our recommendation y provided to the syndicate	ou conta	act your ow	n Accou	untant or 1	ax Ad	viser to	o confir	m hov	v your i	nvestm								
ΔΙ	PPLICANT 1 Individual	l Detaile	e'																
	egal FIRST Names(s)	Detail	<u>. </u>		Legal F	ΔΜΙΙ	Y Nar	nΔ				IRD	Numl	har *F	Require	nd .			
	gair into i Haines(s)				Legaii	AIVIIL	i itai	IIC				IIVD	ITUIII	DEI I	\cquii e	,u	1	T	
Sł	nare of Income (%):					IR	D do	cume	nt cor	nfirmi	ng nar	ne an	d nur	nber:		Yes			
Al	PPLICANT 2 Individual	l Detail:	s:																
Le	gal FIRST Names(s)				Legal F	AMIL	Y Nar	ne				IRD	Numl	ber *F	Require	ed			
Sł	nare of Income (%):					IR	D do	cumei	nt cor	nfirmi	ng nar	ne an	d nur	nber:		Yes			
iv.	Bank Account Details - investment returns are	to be pa	aid to:		following	j is red	quired	to cor	nfirm t	he nar							count t	that	
			rinted depo	•						•	Bank	< state	ment fr	rom a	registere	ed bank			
			ank printed			ped ar	nd			•	IRD	payme	ent stat	emen	t				
	sig If investment returns a If Investment Returns a	re being	an authorise	ne JOIN	NT bank a	ccour	nt, plea epara	ase en tely, pl	sure t	his info	ormatio	on is p TH bo	rovide xes be	ed in F elow:	Part One).			
ΔΙ	PPLICANT 1 Bank Acc						•	• • •		•									
	count Name(s):		ctalis. IX	cquire	u										% Ref	hurn:			
	count Number:								Ι						/0 1 (6)	iuiii.		1	
70	COUNTRICE INC.		 	oank		bran	ch]	accoi	unt nur	l mber					Suffi	x
						Sidil	J 11				40001	and Hul						Juill	
Al	PPLICANT 2 Bank Acc	ount D	etails: *R	equire	d														
_	count Name(s):														% Ref	turn:			
۸	count Number:																		

bank

branch

account number

suffix

JOINT INDIVIDUAL CONTINUED: Please complete an "Individual Details" box for EACH Applicant. Please fill out ALL areas and answer ALL questions.

APPLICANT 1 Individu	al Details:							
Legal FIRST Names(s)			Legal FAI	VILY Na	ame			
Date of Birth	Place of B	irth (Towr	/City):	Cou	intry of Birth:	New Zealand Citiz	en? (Circle	one)
						Yes	N	0
Email *Required								
Address: Flat/Apartmer	nt No:				Street:			
RD/PO Box No./Suburb	:				Town/City:			
Postcode:					Country: (If not New Zealand)			
Phone (mobile) *Requir	ed:				Phone (home/work):			
If you hold dual Citizens	hip, please s	pecify which	h Countries	you hol	ld Citizenship for:			
Politically Exposed Pe	rson (PEP) -	- PLEASE	COMPLET	E			Circle	one
Have you, or an immediate fa	amily member,	held a public	office position	e.g. dipl	omat, high level judicial or military o	r ministerial position?	Yes	No
If yes, please specify:								
APPLICANT 2 Individu Legal FIRST Names(s)			Legal FAN	/III ∨ NI	ama			
Legari into i names(s)			LegaiiAi	VIIIL I INC	anie			
Date of Birth	Place of B	irth (Town	/City)·	Cou	intry of Birth:	New Zealand Citiz	en? (Circle	one)
Date of Birth	Tidde of B	nui (10Wi	iroity).	000	indy of Birth.	Yes	N N	,
						165	IN	
Email *Required					<u></u>			
Address: Flat/Apartmer	nt No:				Street:			
RD/PO Box No./Suburb	:				Town/City:			
Postcode:					Country: (If not New Zealand)			
Phone (mobile) *Requir	ed:				Phone (home/work):			
If you hold dual Citizens	hip, please s	pecify which	h Countries	you hol	ld Citizenship for:			
Politically Exposed Pe	rson (PEP) -	- PLEASE	COMPLET	E			Circle	one
-	amily member,	held a public	office position	e.g. dipl	omat, high level judicial or military o	r ministerial position?	Yes	No
If yes, please specify:			<u> </u>					

12. TRUST

EACH **Trustee** will need to provide:

Trust Lawyer: (Name and Email address)

Full Name – Use additional page if required

Trust Beneficiaries (Including all children and grandchildren at the time of application):

Please state the Full Name and Date of Birth of ALL Beneficiaries – AML/CFT Act 2009 – *Required

EACH Trustee will need to provide.									
 For documentary verification M This verification process is onl removing the need for certified 	ly available to NZ Passport of						ication process	s is immedia	ate
If you are eligible for the Bic can forward the Syndex link Zealand, the following proce	k. Alternatively, if you do n								
Personal Identification – a certifie	ed copy is required of one o	of the following:							
Passport	OR NZ Firearms I	License	OR	NZ Driver's	License				
The Certifier must confirm to 1. The document is a true confirm to 2. The person presenting the information.	opy of the original,	erson reflected	d in the docum	ent. Please re	fer to the 'H	low to Apply	' section for n	nore	
• I	riginal or certified copy (da Utility (electricity, water, telep IRD tax notice or statement Insurance policy document Bank statement from a regis A document issued by a NZ	ohone, gas) stat	tement	s required of o r	ne of the follo	owing:			
The supplied document must state t	the Applicant's name, currer	nt address and b	be certified withi	n 3 months of re	eceipt of app	olication.			
Please provide the following doc									
 Certified Copy of <u>Trust De</u> Certified Copy of <u>Deed (s)</u> <u>Appointment of Trustee (</u> 	ed of Retirement and/or	= (= (Copy of a <u>Trust</u> account number Copy of a <u>Trust</u> Original or Certifelectricity, rates) dated within the	r. IRD statement fied Copy of ver statement show	<u>t</u> confirming ification of <u>T</u> wing the Tru	the Trust IRD rust address st or Trustee(number. <u>s</u> – i.e. a utility (t s) Name(s) and	telephone, d address,	
Letter (on letterhead) from - particularly:	the Trust Accountant or Law	vyer confirming	the <u>Trust's "so</u>	ource of wealth	or funds" -	– (section 23 o	of the AML/CFT	T Act 2009))
ii. When the Trust liii. Identify the source	iduals who are the settlor(s) performed its first transaction ce of any income that the trun n of the source of funds for the	n where did the ust is receiving.	funds come fro		that Transac	ction			
Please complete BOTH sections. Please fill out ALL areas and answ		ustee Details"	section for AL	L Trustees inc	luding (if ap	oplicable) the	Corporate Tr	ustee.	
Trust Details:									
Trust Name					Trust IRI	D Number: '	*Required		
Address: Flat/Apartment No:		S	Street:						-
RD/PO Box No./Suburb:		Т	own/City:						
Postcode:		С	Country: (If not	New Zealand)				
Trust Accountant: (Name and	d Email address)								

Date of Birth

Trustee Details – Please complete Corporate Trustee Details on page 9 Please print extra of this page for additional individual Trustees as required.

TRUSTEE ONE - Individual Details

Legal FIRST Names(s)	Legal FAMILY Name			IKU	Number		1	1		
Date of Birth	Place of Birth (Town/City):	Country of	Birth:	Are	you a Ne	w Zealar	nd Ci	tizen?		
				Circ	cle one	Y	es		No	
Email *Required										
Address: Flat/Apartment No:			Street:							
RD/PO Box No./Suburb:			Town/City:							
Postcode:			Country (If n	ot NZ):					
Phone (mobile) *Required:			Phone (hom	ne/wor	k):					
If you hold dual Citizenship, please s	<u> </u>	tizenship for:								
Politically Exposed Person (PEP)									le one	
Have you, or an immediate family member	r, held a public office position e.g. diplomat	, high level judicia	l or military or m	inisteria	Il position?			Yes	1	Vo
If yes, please specify:										
TRUSTEE TWO – Individual Details										
Legal FIRST Names(s)	Legal FAMILY Name			IRD	Number			1	ı	
Date of Birth	Place of Birth (Town/City):	Country of	Birth:	Are	you a Ne	w Zealar	nd Ci	tizen?		
				Circ	cle one	Y	es		No	
Email *Required										
Address: Flat/Apartment No:			Street:							
RD/PO Box No./Suburb:			Town/City:							
Postcode:			Country (If n	ot NZ):					
Phone (mobile) *Required:			Phone (hom	ne/wor	k):					
If you hold dual Citizenship, please s	• •	tizenship for:								
Politically Exposed Person (PEP)								Circ	le one)
Have you, or an immediate family member	r, held a public office position e.g. diplomat	, high level judicia	l or military or m	inisteria	Il position?			Yes	1	No
If yes, please specify:										
TRUSTEE THREE – Individual Details										
Legal FIRST Names(s)	Legal FAMILY Name			IRD	Number					
Date of Birth	Place of Birth (Town/City):	Country of	Birth:		you a Ne	w Zealar	nd Ci	tizen?		
				Circ	cle one	Y	es		No	
Email *Required										
Address: Flat/Apartment No:			Street:							
RD/PO Box No./Suburb:			Town/City:							
Postcode:			Country (If n	ot NZ):					
Phone (mobile) *Required:			Phone (hom	ne/wor	k):					
If you hold dual Citizenship, please s	specify which Countries you hold Ci	tizenship for:					_			
Politically Exposed Person (PEP)								Circ	le one	
Have you, or an immediate family member	, held a public office position e.g. diplomat	, high level judicia	l or military or m	inisteria	I position?			Yes	1	No
If yes, please specify:										

Corporate Trustee/Trus	tee Compa	any Name					Compar	ny Numb	per					
Country of incorporation: (Circle if applicable)		New	Zealand		Australia		Compa	ny IRD	No:					
Other (please specify country incorporation)	untry of										T			
Address: Flat/Apartmen	t No:				Street:									
RD/PO Box No./Suburb:					Town/City:									
Postcode:					Country (if not NZ)									
List the Directors of the	Corporate	Trustee w	ho are to b	e record	ded as the primary "A	uthor	ised Pers	sons" fo	or this	Trusf	t			
Legal FIRST Names(s)			Legal FA	MILY N	ame	Ema	il Addres	SS						
Please have ALL Directo	rs and Sha	reholders v	who own >	25% cor	mplete a Director/Sha	reholo	der Box (print extra	a pages	s as red	quire	d)		
DIRECTOR – Individual	Details:			.			IDD N							
Legal FIRST Names(s)			Legal FA	MILY Na	ame		IRD No	ımber						1
Date of Birth	Diago of I	Dieth /Taxwe	10:4 v	Cause	tone of Disthe		Amazia	a Nau	v 7 aal	d C	\:\.	2		
Date of Birth	Place of I	Birth (Town	/City):	Coun	try of Birth:		-	u a Nev	v Zeal		Itize	n?		
							Circle	e one		Yes		Ш	No	
Email *Required		Γ												
Address: Flat/Apartmen	t No:				Street:									
RD/PO Box No./Suburb:					Town/City:									
Postcode:					Country: (if not NZ)									
Phone (mobile) *Require					Phone (home/work)									
If you hold dual Citizensh	•			•	d Citizenship for:							<u> </u>		
Politically Exposed Per												Circle		
Have you, or an immediate fa	mily member,	neid a public	onice position	i e.g. aipio	mat, nigh level judicial of m	illitary o	rministeriai	position?			ľ	es		No
7 11 1 7											_			
DIRECTOR / >25% SHA Legal FIRST Names(s)	KEHOLDE	:R – Individ	Legal FA		ame		IRD No	ımber						
209411110111411100(0)														
Date of Birth	Place of I	Birth (Town	/City):	Coun	try of Birth:		Are yo	u a Nev	v Zeala	and C	itize	n?		
			•,		•		Circle			Yes			No	
Email *Required														-
Address: Flat/Apartmen	t No:				Street:									
RD/PO Box No./Suburb:					Town/City:									
Postcode:					Country (if not NZ):									
Phone (mobile) *Require	d:				Phone: (home/work)):								
If you hold dual Citizensh	ip, please s	pecify which	n Countries	you hold	d Citizenship for:									
Politically Exposed Per												Circle	e one	9
Have you, or an immediate fa	mily member,	held a public	office position	e.g. diplo	mat, high level judicial or m	ilitary o	r ministerial	position?			Y	es	1	Vo
If yes, please specify:														

13. COMPANY

EACH **DIRECTOR/>25% SHAREHOLDER** will need to provide:

For documentary verification MyFarm has adopted the Syndex Bio-verification process as our primary identification tool.
 This verification process is only available to NZ Passport or NZ Driver's Licence holders who reside in New Zealand. The Bio-verification process is immediate removing the need for certified documents.

If you are eligible for the Bio-verification process as per the requirements above, please provide your mobile phone number and email address so we can forward the Syndex link.

Alternatively, if you do not have a NZ Driver's Licence and hold a foreign passport OR if you are resident outside of New Zealand, the following process will apply:

<u>Pers</u>	onal Identification	on – a cert	ified copy i	is required of one of the fo	ollowing:			
	Passport		OR	NZ Firearms License		OR	NZ Driver's License	
i.	Address Verific	ation – an ■	•	certified copy (dated with			s) is required of one of th	e following:
		•	IRD tax n	notice or statement				
		•	Insurance	e policy document				
		•	Bank stat	tement from a registered	bank			
		•	A docum	ent issued by a NZ Gove	rnment ag	ency		

The supplied document must state the Applicant's name, current address and be certified within 3 months of receipt of application.

Please provide the following documents for the Company:

- Original or Certified Copy of <u>Company Address</u> –
 i.e. a utility (electricity, rates) statement showing the
 Company Name and address, dated within the last
 12 months and certified within 3 months of receipt
 of application
- Copy of a <u>Company IRD statement</u> confirming the Companies IRD number
- Copy of a <u>Company Bank statement</u> from a registered bank confirming the Company bank account number
- Copy of a Company Certificate of Incorporation

If Requested

- Copy of Company Constitution and/or Incorporation documents.
- Letter (on letterhead) from the Company Accountant or Lawyer confirming the Company's "source of wealth or funds."

Complete BOTH sections – "Company Details" and a "Company Director or Shareholder Details" section for ALL Directors and Shareholders owning 25% or more of the Company (Beneficial Owners). Please fill out all areas and answer all guestions.

Company Details:												
Company Name:				Con	Company Number							
Country of incorporation: (please circle if applicable)	New Zealand		Australia	Com	Company IRD No. *Req			quired				
Other (please specify country of incorporation)												
Address: Flat/Apartment No:		Street										
RD/PO Box No./Suburb:		Town/	City:									
Postcode:		Count	ry (if not NZ):									
Company Accountant: (Name and E	Email address)											
Company Lawyer: (Name and Email	address)											
List ALL Company Directors plus ALL	Shareholders who own	25% or more	e of the Company.									
If any >25% Shareholder is a Trust	or Company, please co	mplete the	ir details in the red	quired se	ection							
Full Name - Use another page if required			Relationship to the Company			F	ercen	tage F	leld			

DIRECTOR ONE – Individual	Details:		1											
Legal FIRST Names(s)			Legal FAI	MILY Name	LY Name IRD			D Number						
Date of Birth	Place of B	irth (Town/	City):	Country of Birth:	_		u a New Zealand Citiz				tizen?			
					Cir	cle one	e Yes				No			
Email *Required:				T										
Address: Flat/Apartment No:				Street:										
RD/PO Box No./Suburb:				Town/City:										
Postcode:				Country (if not NZ):										
Phone (mobile) *Required:				Phone (home/work):										
If you hold dual Citizenship, ple	ease specify	which Coun	tries you hol	d Citizenship for:										
Politically Exposed Person (PEP) – PLE/	ASE COMP	LETE						С	Circle one				
Have you, or an immediate family m	ember, held a p	oublic office po	sition e.g. diplo	omat, high level judicial or military	or ministe	erial position?			Ye	s	No			
If yes, please specify:														
DIRECTOR TWO – Individua	l Details:		Logol EAI	MII V Name	IDD	Muumhau								
Legal FIRST Names(s)			Legai FAI	MILY Name	IKU	Number				\blacksquare				
Date of Birth	Diago of D	inth (Tayana)	Cit. A.	Country of Divide	Ava	veu e Neu	, Zaala		:4:	2				
Date of Birth	Place of B	irth (Town/	City):	Country of Birth:		Are you a New Zealand Circle one Yes			luzer		No			
Email *Deguired:					CIII	cie one	16	;5		'	NO			
Email *Required:				0		1								
Address: Flat/Apartment No:				Street:										
RD/PO Box No./Suburb:			Town/City:											
Postcode:				Country (if not NZ):										
Phone (mobile) *Required:				Phone (home/work):										
If you hold dual Citizenship, ple			<u>_</u>	d Citizenship for:						_				
Politically Exposed Person (•										one			
Have you, or an immediate family m	ember, held a p	oublic office po	sition e.g. diplo	omat, high level judicial or military	or ministe	erial position?			Ye	<u>S</u>	No			
If yes, please specify:														
SOFO/ OLIABELIOLDED. L. II		11												
>25% SHAREHOLDER – Indi Legal FIRST Names(s)	ividual Detai	IIS:	I anal FAI	MILY Name	IRU	Number								
Legar into i Names(s)			LegairA	WILL Hame	IIVD	Itallibei			Т	Т				
Date of Birth	Place of R	irth (Town/	City):	Country of Birth:	Δra	you a New	7eala	nd C	itizon	2				
Date of Birtin	Tidde of D	iitii (10wii)	Oity).	Country of Birth.		cle one	Ye		ILIZCI		No			
Email *Required:					Oii.	010 0110								
Address: Flat/Apartment No:				Street:										
RD/PO Box No./Suburb:				Town/City:										
Postcode:				Country (if not NZ):										
				,										
Phone (mobile) *Required:	nana anasif :	which Cours	trion var bel	Phone (home/work):										
If you hold dual Citizenship, please specify which Countries you hold Citizenship for: Politically Exposed Person (PEP) – PLEASE COMPLETE Circle one								one						
Have you, or an immediate family m	<u>'</u>			omat, high level judicial or military	or ministe	erial position?			Ye		No			
If yes, please specify:	,		J. 2. p.:	, 5		1			1					

14. PARTNERSHIP

EACH Partner will need to provide:

For documentary verification MyFarm has adopted the Syndex Bio-verification process as our primary identification tool. This verification process is only available to NZ Passport or NZ Driver's Licence holders who reside in New Zealand. The Bio-verification process is immediate removing the need for certified documents.

If you are eligible for the Bio-verification process as per the requirements above, please provide your mobile phone number and email address so we can forward the Syndex link.

ving

	Alternatively, if you do no process will apply:	ot have a NZ Driver's Licence and	hold a fo	reign pas	sport OR if you are resi	dent outside of New Zealand, the follow
Pers	sonal Identification – a cert	tified copy is required of one of the f	following:			
	Passport	OR NZ Firearms License		OR	NZ Driver's License	
ii.	Address Verification – ar	n original or certified copy (dated with Utility (electricity, water, telephone			hs) is required of one of t	he following:
	•	IRD tax notice or statement				
	•	Insurance policy document				
	•	Bank statement from a registered	bank			
	•	A document issued by a NZ Gove	rnment a	gency		
	The supplied docume	ent must state the Applicant's name,	current a	ddress and	I be certified within 3 mor	nths of receipt of application.
Plea	se provide the following d	ocuments for the Partnership:				
•	Certified Copy of Partners	hip Agreement	•		a <u>Partnership Bank stat</u> g the Partnership bank a	ement from a registered bank ccount number

- Certified Copy of any other Deed (s) or Agreement(s) that gives authority for other persons/entities to act on behalf of the Partnership
- Original or Certified Copy of verification of Partnership Address i.e., a utility (telephone, electricity, rates) statement showing the Partnership or Partner (s) Name (s) and address and be dated within the last 12 months and certified within 3 months of receipt of application

If requested:

Letter (on letterhead) from the Partnership Accountant or Lawver confirming the Partnership's "source of wealth or funds."

Complete BOTH sections – "Partnership Details" and a "Partner Details" section for ALL Partners. If the Partners are one or more Trust (s) or Company (ies) please use the relevant sections of the application form, i.e. Trust (s) (pages 6 - 8) or Company (ies) or (pages 9 - 10). Please fill out ALL areas and answer ALL questions.

Partnership Details													
Partnership Name					Registration Number								
Partnership Trading Name (if different)					IRD Number *Required								
Place of Registration		e ONE (if a		Other (please									
	New Zea	aland	Australia	country of reg	istration)								
Address: Flat/Apartment N	No:			Street:									
RD/PO Box No./Suburb:	D/PO Box No./Suburb: Town/City:												
Postcode:				Country (if not NZ):									
Partnership Accountant:	(Name and	I Email add	lress)										
Partnership Lawyer: (Nar	me and Em	ail address)										
List ALL Partners and the	eir percenta	ge % owne	ership of the Partne	rship									
If any >25% Partner is a	a Trust or (Company,	please complete t	heir details in	the relevant	sectio	on of t	his A _l	pplica	tion F	orm		
Full Name - Use another page if required							Pe	rcenta	ige He	ld			

PARTNER ONE – Individual Deta	ails:											
Legal FIRST Names(s)	Legal FAMILY Name					IRD N	lumber					
Date of Birth	Place of Birth (Town/City): Country of Birth:			Are y	ou a Ne	w Ze	aland	Citize	n?			
						Circ	le one		Yes		١	No
Email *Required:		'										
Address: Flat/Apartment No:				Street:								
RD/PO Box No./Suburb:				Town/Ci	ity:							
Postcode:				Country	(if not NZ):						
Phone (mobile) *Required				Phone (home/wor	k):						
If you hold dual Citizenship, ple	ease specify which Countries you ho	old Citize	nship f	for:								
Politically Exposed Person (I	PEP) - PLEASE COMPLETE									Ci	ircle d	one
Have you, or an immediate family me	ember, held a public office position e.g. dip	plomat, high	h level j	udicial or mi	ilitary or min	isterial p	osition?			Ye	3	No
If yes, please specify:												
PARTNER TWO – Individual Det						1						
Legal FIRST Names(s)	Legal FAMILY Name					IRD I	Number	r		1		
D. (CD) (I	DI (B) (I (T (O))			D: 4				Щ		0		
Date of Birth	Place of Birth (Town/City):	Place of Birth (Town/City): Country of Birth:				Are you a New Zealand						
						Circl	e one		Yes		No	
Email *Required:												
Address: Flat/Apartment No:				Street:								
RD/PO Box No./Suburb:				Town/C	ity:							
Postcode:				Country	(if not NZ	<u>(</u>):						
Phone (mobile) *Required				Phone (home/	work):							
If you hold dual Citizenship, ple	ease specify which Countries you he	old Citize	nship f	1	,							
Politically Exposed Person (I	PEP) - PLEASE COMPLETE									Cir	cle o	ne
Have you, or an immediate family me	ember, held a public office position e.g. dip	plomat, high	h level j	udicial or mi	ilitary or min	isterial p	osition?			Yes		No
If yes, please specify:												
PARTNER THREE – Individual D	Details											
Legal FIRST Names(s)	Legal FAMILY Name				IRD Nu	mber						
Date of Birth	Place of Birth (Town/City):	Coun	try of	Birth:	Are you	u a Nev	v Zeala	nd Ci	tizen?			
					Ci	rcle one	Э		Yes		١	10
Email *Required:												
Address: Flat/Apartment No:			Stree	et:								
RD/PO Box No./Suburb:			Towr	n/City:								
Postcode:			Cour	ntry (if not	NZ):							
Phone (mobile) *Required			Phon	ne (home/\	work):							
If you hold dual Citizenship, ple	ease specify which Countries you ho	old Citize	nship f	for:								
Politically Exposed Person (I	PEP) - PLEASE COMPLETE									Ci	rcle c	ne
Have you, or an immediate family me	ember, held a public office position e.g. dip	plomat, high	h level j	udicial or mi	ilitary or min	isterial p	osition?			Yes	;	No
If yes, please specify:												

INVESTOR CERTIFICATES

PLEASE COMPLETE AN INVESTOR CERTIFICATE FOR EACH ENTITY

Please read the instructions below carefully to ensure that you provide all of the documentation required to meet the requirements of Schedule 1, clauses 3(2)(a) – (c) or (3)(3)(a)- (b)(ii) (inclusive) of the Financial Markets Conduct Act 2013 ("FMCA").

Before any subscription can be considered (as AGAINST received) for acceptance by MyFarm (the Offeror) in respect of the offer of Units in the MyFarm KiwiFruit Fund Limited Partnership, the investing party (and potentially their financial or legal adviser) will be required to complete one of the following Certificates:

Full details of the requirements for a "Wholesale Investor" and an "Eligible Investor" are more fully explained in the Information Memorandum.

Certificate A (1. ii)	Certificate A (1. iii)
Meets "Investment Criteria"	A "Large" Investor
Schedule 1, Clause 3(2)(b) FMCA Act	Schedule 1, Clause 3(2)(c) FMCA Act
In the last 2 years owns a portfolio of "specified financial products" of \$1 m+	In the last 2 years owned/controlled net assets of \$5 m+
b. In the last 2 years carried out transactions to acquire \$1 m+ of "specified financial products"	b. In the last 2 years had turnover of \$5 m+
	Meets "Investment Criteria" Schedule 1, Clause 3(2)(b) FMCA Act a. In the last 2 years owns a portfolio of "specified financial products" of \$1 m+ b. In the last 2 years carried out transactions to acquire \$1 m+ of "specified financial

OR

CERTIFICATE B

"Eligible Investor"

Schedule 1, Clause 3(3)(a)

Has experience in buying and selling financial products sufficient to assess:

- a. The merits and risks of the investment
- b. The information required to assess the investment.
- The adequacy of the information provided by MyFarm.

AND

CERTIFICATE C

- Completed by either:
 - Chartered accountant
 - Lawyer
 - Financial advisor
- Confirms the certification made in completed Certificate B
- Confirms the investor has been sufficiently advised of the consequences of completing Certificate B
- Confirms there is no reason to believe the contents of Certificate B are incorrect.

If you have any doubts about your eligibility for this offer or the certificates required, please contact our team: (investments@myfarm.co.nz).

- Please note: If you have invested with MyFarm within the last two years you may not need to provide a Wholesale Investor Certificate. Please contact MyFarm (investments@myfarm.co.nz) to confirm if the Wholesale Investor Certificate utilised for your most recent MyFarm investment is current and able to be used for the MyFarm KiwiFruit Fund LP.
- For all <u>new applicants</u> MyFarm will require a valid Wholesale Investor certificate to be completed and approved.

14. CERTIFICATE A (1. i – iii inclusive) – WHOLESALE INVESTOR CERTIFICATE

This certificate is required to verify that the investor meets the respective eligibility requirements as a "Wholesale Investor" under Schedule 1, clause 3(2)(a) – (c) of the FMCA and accordingly confirm that neither AGInvest Trading Limited (trading as MyFarm), nor the MyFarm KiwiFruit Fund LP are required to make disclosures in respect of this offer under Part 3 of the FMCA.

In relation to the offer by MyFarm offer and "the transaction"), that:	of Units in the MyFarm K	iwiFruit Fund Limited Partne	rship ("the financial product" on						
1) I/WE,			("the Investor")						
HEREBY CERTIFY THAT I an following kind (tick one of the fo	n/we are a Wholesale In								
i. Sch.1, Clause 3(2)(a): An '	'investment business" a	as defined in Schedule 1, cl 37 o	of the FMCA						
ii. Sch. 1, Clause 3(2)(b): I/We	ii. Chause 3(2)(b): I/We meet the investment criteria specified in Schedule 1, clause 38 of the FMCA								
iii. Sch. 1, Clause 3(2)(c): A "large" investor as defined in Schedule 1, clause 39 of the FMCA.									
Full definitions of each of the exclusion	ns above can be found in t	he MyFarm KiwiFruit Fund <i>LP IN</i>	1 dated 24 July 2024.						
2) The grounds on which I/we claim	that one of the above ap	plies is (a brief description is	mandatory):						
THIS SECTION MUST BE CO	OMPLETED								
3) I/We do understand the consequences of certifying myself or ourselves to be a Wholesale Investor.									
Signed at:	this	day of	2024.						
Signature:			(the Investor)						

WARNING:

The law normally requires people who offer financial products to give information to investors before they invest. This information is designed to help investors make an informed decision.

If you are a wholesale investor, the usual rules do not apply to offers of financial products made to you. As a result, you may not receive a complete and balanced set of information. You will also have fewer other legal protections for these investments.

Ask questions, read all documents carefully, and seek independent financial advice before committing yourself.

Offence

It is an offence to give a certificate knowing that it is false or misleading in a material particular. The offence has a penalty of a fine not exceeding \$50,000.

15. CERTIFICATE B – ELIGIBLE INVESTOR CERTIFICATE

This certificate requires the completion of Certificate C - Confirmation of Certification on the following page.

This Certificate and Confirmation (in the form of Certificate C on the following page) is required to verify that the investor meets the eligibility requirements as an "Eligible Investor" under Schedule 1, clause 3(3)(a) of the FMCA and accordingly confirm that neither AGInvest Trading Limited (trading as MyFarm), nor the MyFarm KiwiFruit Fund LP are required to make disclosure in respect of this offer under Part 3 of the FMCA.

Full definitions of "Eligible investor" can be found in the MyFarm KiwiFruit Fund LP IM dated 24 July 2024, including the financial products which qualify.

In relation to the on offer and "the	offer by MyFarm of Units in the MyFarm KiwiFruit Fund Limited Partnership ("the letransaction")	Financial Product"						
I/We,		("the Investor")						
CERTIFY THAT:	:							
1. I/We have	e previous experience in acquiring or disposing of financial products* that allows me/us	to assess:						
 The merits of the transaction, including assessing the value and the risks of the financial products involved; and 								
b.	My/Our own information needs in relation to the transaction; and							
C.	The adequacy of the information provided by MyFarm as the Offeror							
2. I/We do	understand the consequences of certifying myself/ourselves to be an Eligible Investor	•						
The gro	ounds for this certification are (a brief description is mandatory).							
THIS SI	ECTION MUST BE COMPLETED							
Signed at:	thisday of2	2024.						
Signature:		(the Investor)						

WARNING:

The law normally requires people who offer financial products to give information to investors before they invest. This information is designed to help investors make an informed decision.

If you are a wholesale investor, the usual rules do not apply to offers of financial products made to you. As a result, you may not receive a complete and balanced set of information. You will also have fewer other legal protections for these investments.

Ask guestions, read all documents carefully, and seek independent financial advice before committing yourself.

Offence

It is an offence to give a certificate knowing that it is false or misleading in a material particular. The offence has a penalty of a fine not exceeding \$50,000.

CERTIFICATE B WILL NOT BE ACCEPTED WITHOUT CERTIFICATE C

^{*}A debt or equity security, a managed investment product or a derivative.

16. CERTIFICATE C - CONFIRMATION OF CERTIFICATION

This certificate and confirmation are required to verify that the investor meets the eligibility requirements as an "Eligible Investor" under Schedule 1, clause 3(3)(a) of the FMCA and accordingly confirm that neither AGInvest Trading Limited (trading as MyFarm) (as Offeror and Issuer), nor the MyFarm KiwiFruit Fund Limited Partnership are required to make disclosure in respect of this offer under Part 3 of the FMCA.

Please Note: by signing this Certificate C you are confirming that you have sighted the investor's information used in Certificate B and that you have advised the investor in respect of these certificates.

l,	as a financial advisor	r/ chartered accountant/ lawyer							
	ify that I have considered unds for his/her/their certification and I:	("the Investor")							
1. 2.	Am satisfied that the Investor has been sufficiently advised of the consequences of th	·							
Signed	ned at:thisday of	2024.							
Signat	nature:								
(Confir	(Confirming Certifier: financial adviser/ chartered accountant/ lawyer) (please circle)								

WARNING:

The law normally requires people who offer financial products to give information to investors before they invest. This information is designed to help investors make an informed decision.

If you are a wholesale investor, the usual rules do not apply to offers of financial products made to you. As a result, you may not receive a complete and balanced set of information. You will also have fewer other legal protections for these investments.

Ask questions, read all documents carefully, and seek independent financial advice before committing yourself.

Offence

It is an offence to give a certificate knowing that it is false or misleading in a material particular. The offence has a penalty of a fine not exceeding \$50,000.