

14. Crossgate Capital Application Form

General

Applications for Shares in Crossgate Capital may be lodged from the opening date of the Offer. The Offer closes on 2 February 2024.

An Application must be completed in full and may be rejected if any details are not entered or it is otherwise incorrectly completed. Crossgate Capital reserves the right to treat any Application as valid or to decline any Application, in whole or in part, in its sole discretion and without giving any reasons. Crossgate Capital's decision as to whether to reject the Application, or to treat it as valid (and then how to construe, amend or complete the Application Form) will be final.

An application will constitute an irrevocable offer by the applicant to subscribe for the investment amount as specified on the Application Form on the terms set out in the Product Disclosure Statement ("PDS") the Constitution and the Application Form.

By submitting an Application Form, Applicants agree to be bound by the terms and conditions of the PDS, this Application Form and the Constitution. No person accepts any liability or responsibility should any person attempt to sell or otherwise deal with the Shares before the statements confirming allotments are received by the Applicants for the Shares.

A = Investor Type

Select your Investor Type by ticking the relevant box. Your Investor Type determines the information Crossgate Capital is required to request from you. We may require additional information and/or documentation from you in order to complete your application.

B = Investor Details and Information

Insert your full name(s), address and telephone numbers. Applications must be in the name(s) of natural persons, companies or other legal entities.

Use the table below to see how to write your name correctly.

Type of Investor:	Correct way to write Name:	Incorrect way to write Name:
Individual person	JOHN DAVID SMITH	J SMITH
More than one person	JOHN DAVID SMITH MICHELLE ANNE SMITH	J & M SMITH
Company	ABC LIMITED	ABC
Trusts	JOHN DAVID SMITH (JOHN SMITH FAMILY A/C)	SMITH FAMILY TRUST
Partnerships	JOHN DAVID SMITH MICHAEL DAVID SMITH (JOHN SMITH AND SONS A/C)	JOHN SMITH & SONS
Clubs and unincorporated associations	JANE ANNE SMITH (SMITH INVESTMENT CLUB A/C)	SMITH INVESTMENT CLUB
Superannuation funds	JOHN SMITH LIMITED (SUPERANNUATION FUND A/C)	JOHN SMITH SUPERANNUATION FUND

By supplying your mobile phone number you will enable the Registry, Link Market Services, to advise you by TXT Alerts (post allotment) of any changes on your holding balance, or if your bank account details or address on register change, or if a new / replacement FIN has been requested. This feature provides additional security to you as an investor.

C = Common Shareholder Number (CSN)

If you have other investments registered under a Common Shareholder Number ("**CSN**") please supply your CSN in the space provided. The name and address details on your Application Form must correspond with the registration details under that CSN. If you do not provide a CSN it will be deemed that you do not have a current CSN and a new CSN and Authorisation code (FIN) will be allocated.

D = Electronic investor correspondence

By supplying your email address, the Fund will be able to deliver your investor correspondence to you electronically where possible. This is a much more environmentally friendly, cost effective and timely option than paper based investor mail outs.

E = Provide your IRD number

Please enter your IRD number and confirm if you are/are not a tax resident of New Zealand. If you are exempt from RWT, please tick the exempt box and attach a photocopy of your RWT exemption certificate. An IRD number is required per Investor

F = Application Payment Details

Please enter the NZ\$ amount for the Shares you wish to apply for. Brokerage Fee: When Shareholders subscribe for Shares they will be charged 3 cents per Share. The fee is payable to Bluemont Capital Management Limited when the Shares are allotted. The fee is not payable if the Shares are not allotted. The brokerage fee and share subscription amount must be paid at the same time.

OPTION 1:

If you choose the **direct debit option** you hereby **authorise the Registrar to direct debit your bank account** by providing the nominated bank account on the Application Form, **on the day the Application Form is received by the Registrar**, for the Investment Amount applied for on the Application Form. The bank account must be with a **New Zealand registered bank**. You cannot specify a direct debit date and you must ensure that

- the bank account details supplied are correct
- the application funds in the bank account for direct debit are available on the **day the Registrar receives the Application Form**;
- the person(s) giving the direct debit instruction has/have the authority to operate the account solely/jointly; and
- the bank account you nominated is a transactional account eligible for direct debit transactions (usually Cheque accounts). If you are uncertain you should contact your bank.

Should your direct debit fail, we will contact you to ascertain the next steps. Your Application will be placed on hold until the Direct Debit is successfully completed or the application cancelled. If requested, a direct debit authority form will be provided to you by the Registrar. Refer to the contact details on the application form.

OPTION 2:

By bank draft in New Zealand dollars or a cheque drawn from a New Zealand registered bank and made in New Zealand dollars or a Direct Deposit to the Crossgate Capital Bank Account. Cheques must be made payable to "Crossgate Capital Limited", crossed "Not Transferable" **and must not be post-dated as cheques will be banked on day of receipt**. If an Applicant's cheque is dishonoured, the Fund may cancel the allotment of Offer Shares to the Applicant and pursue any other remedies available to it at law.

G = Identity Verification

Crossgate Capital is a reporting entity under the Anti Money Laundering and Countering Financing of Terrorism Act 2009 (AML/CFT). Where possible, we identity verification electronically against the NZTA database for driver licence holders and/or the DIA database for New Zealand passports and New Zealand birth certificates. We also attempt to confirm your address using the NZTA Motor Vehicle Register, LINZ land registry database, Whitepages database, or Centrix credit bureau database.

By providing your information, you consent for us to query these databases.

Should your verification fail, common reasons include because you have recently moved house, have various addresses for registration, or your identity documents have expired. Alternately, you can provide certified copies of necessary documents by ticking the box "I don't have a New Zealand Passport or Driver's Licence and/or I will provide certified copies of identity documents". In either of these situations the Registrar will contact you to assist with next steps.

H = Entity (Trust & Corporate) Applicants - Additional Information Required

If you are submitting this application on behalf of an Entity (Trust or Corporate investor type), please complete this section by providing a short description and proof of the source of funds used for this investment. Additionally, if you are a Trust applicant, attach a certified true copy of the trust deed to this application.

I = Tax Status

Crossgate Capital is required as part of its OECD Common Reporting Standards (CRS) and Foreign Account Tax Compliance Act (FATCA) compliance obligations to confirm if you are, or are not a tax resident in another country.

In the case of joint applications, please complete for all joint applicant(s).

J = Entity (Trust & Corporate) Applicants – Additional Information Required

If you are submitting this application on behalf of an Entity (Trust or Corporate applicant), please confirm the tax residency of the entity and all Controlling Persons (Controlling Persons include all Directors, significant shareholders (25% or more), trustees, settlors, beneficiaries). We may require additional information and/or documentation from you in order to meet the requirements of the Automatic Exchange of Information requirements. The Registrar will notify you if we require anything further.

K = Signing and Dating

Read the PDS and Application Form carefully and then sign and date the Application Form.

The Application Form must be signed by the Applicant(s) personally, or by two Directors of a company (or one Director if there is only one Director, whose signature must be witnessed), or in either case by a duly authorised attorney or agent.

All joint Applicants must sign the Application Form.

L = Completed by Attorney

If the Application Form is signed by an attorney, the power of attorney document is not required to be lodged, but the attorney must complete the certificate of non-revocation of power of attorney in Section M of the Application Form.

M = Completed by an Agent

If the Application Form is signed by an agent, the agent must complete the certificate of non-revocation of agent in Section N of the Application Form.

(ATTACH CHEQUE HERE)

CROSSGATE CAPITAL LIMITED

INITIAL OFFER APPLICATION FORM

This application form (**Application Form**) is issued with the Product Disclosure Statement dated 29 January 2019 (**PDS**) for an offer of Shares (**Offer Shares**) in Crossgate Capital Limited (**Crossgate Capital**) issued by Crossgate Capital.

You should read the PDS in full before completing the Application Form. A copy of the PDS and other useful information about the Fund may also be obtained from www.crossgatecapital.co.nz. Capitalised terms used in this Application Form have the meanings given to them in the PDS.

Please complete this Application Form and arrange payment to be received by the Registrar, Link Market Services Limited.

For instructions on how to complete and deliver this form see the accompanying application instructions.

A INVESTOR TYPE – WHAT TYPE OF INVESTOR ARE YOU?

INDIVIDUAL

 JOINT

 CORPORATE

TRUST

 CHILD (Applications must be made in the name of parent(s) or legal guardian(s))

B INVESTOR DETAILS AND INFORMATION - PLEASE PRINT IN BLOCK LETTERS

Investor 1:			
First Name(s):		Family / Corporate Name:	
Investor 2:			
First Name(s):		Family / Corporate Name:	
Investor 3:			
First Name(s):		Family / Corporate Name:	
Trust / Child Name or <<On Account>> :			
Residential Address (Not PO Box). If address different for each investor please note separately			
Mobile phone	For each investor	Daytime phone:	

C COMMON SHAREHOLDER NUMBER (CSN)

If you currently have a CSN, please enter it here:

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Your details on this Application Form must match the details on your CSN. Otherwise, if you do not have a CSN, leave the boxes blank and you will be allocated a new CSN and Authorisation code (FIN).

D ELECTRONIC INVESTOR CORRESPONDENCE

By supplying your email address, you authorise Crossgate Capital and Link Market Services to deliver your investor correspondence to you electronically where possible and inform you about products offered by the Link & Crossgate Capital. We recommend this as a more environmentally friendly, cost-effective and timely option than paper-based investor mail outs.

E IRD NUMBER / RWT EXEMPTION

IRD number: Two IRD numbers are required in respect of a joint application. For a company, trust or other entity, please provide the entity IRD number. (NEED IRD FOR EACH APPLICANT)

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Is the Applicant a NZ tax resident?

Yes	-	No
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Exempt - please tick this box if you hold an RWT exemption certificate from IRD, attach a copy of your RWT exemption certificate

F APPLICATION PAYMENT – IMPORTANT

Applications must be in whole dollar amounts. Crossgate Capital may accept or reject all or part of this application without giving reason.

Investment Amount (inclusive of 3 cents per Share brokerage):

\$

Select **ONE** of the **PAYMENT** options below.

OPTION 1: Direct Debit

By providing your bank account details below, you are authorising the Registrar to direct debit my/our bank account for the Investment amount applied for (or any lesser amount as determined by Crossgate Capital). The Registrar will direct debit from the bank account provided below on the date this Application Form is received. Please check your bank account details supplied are correct and is eligible for direct debit transactions.

NEW ZEALAND DOLLAR BANK ACCOUNT DETAILS FOR DIRECT DEBIT AND/OR DIRECT CREDIT OF FUTURE DISTRIBUTION PAYMENTS:

Name of Bank _____ Name of Account: - _____

Bank Account Number

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OPTION 2 Cheque. Please find attached my/our made payable to “Crossgate Capital Limited” and crossed “Not Transferable”.

G IDENTITY VERIFICATION

Crossgate Capital is a reporting entity under the Anti Money Laundering and Countering Financing of Terrorism Act 2009 (AML/CFT). Where possible, we conduct identity verification electronically. By providing information below, you consent for us to complete identity verification electronically, using an external third party provider. Should your verification fail, the Registrar will call or email you to assist with next steps.

PLEASE PROVIDE DETAILS OF ALL APPLICANTS AND AUTHORISED PERSONS* BELOW.

***NOTE -For Entity (Trust & Corporate) applicants this includes:**

Trust applicants - this includes Settlers, Trustees, Authorised Persons & Beneficial owners. Beneficial owners of a trust may include a beneficiary of the trust, and any other individual who has effective control over the trust, specific trust property, or the power to amend the trust deed, or remove or appoint trustees or one or more of the beneficiaries of the trust. If there are more than three persons please note in the same format on a separate document and attach to the application

*** NOTE Corporate** applicants – this includes all Directors.

Investor / Authorised Person / Director 1:			
First Name(s):		Family Name:	
Residential address (not PO Box):			
Phone incl Area Code:		Email:	
Role (e.g. Trustee/Director):		Date of Birth:	
Complete details for at least one of the following rows:			
NZ Drivers Licence number:		NZ Drivers Licence version:	
NZ Passport number:		Passport expiry date:	
<input type="checkbox"/> I don't have a New Zealand Passport or Driver's Licence and/or I will provide certified copies of identity documents. (We will be in touch to discuss next steps)			

Investor / Authorised Person / Director 2:			
First Name(s):		Family Name:	
Residential address (not PO Box):			
Phone incl Area Code:		Email:	
Role (e.g. Trustee/Director):		Date of Birth:	
Complete details for at least one of the following rows:			
NZ Drivers Licence number:		NZ Drivers Licence version:	
NZ Passport number:		Passport expiry date:	
<input type="checkbox"/> I don't have a New Zealand Passport or Driver's Licence and/or I will provide certified copies of identity documents. (We will be in touch to discuss next steps)			

Investor / Authorised Person / Director 3:			
First Name(s):		Family Name:	
Residential address (not PO Box):			
Phone incl Area Code:		Email:	
Role (e.g. Trustee/Director):		Date of Birth:	
Complete details for at least one of the following rows:			
NZ Drivers Licence number:		NZ Drivers Licence version:	
NZ Passport number:		Passport expiry date:	
<input type="checkbox"/> I don't have a New Zealand Passport or Driver's Licence and/or I will provide certified copies of identity documents. (We will be in touch to discuss next steps)			

H ENTITY (TRUST & CORPORATE) APPLICANTS - ADDITIONAL INFORMATION REQUIRED

Source of Wealth

Please provide details of main source of funds used for this investment and attach supporting documentation:

E.g. Wages/Salary, Inheritance, Business earnings, Sale of Property or Business etc.

TRUST APPLICATIONS: PLEASE ATTACH A CERTIFIED TRUE COPY OF THE TRUST DEED TO THIS APPLICATION

I TAX STATUS

Crossgate Capital is required as part of its Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) compliance obligations to confirm if you are, or are not a tax resident in another country.

Investor/ Authorised person / Director 1

I confirm:

I am only a tax resident in New Zealand **OR**

I am a tax resident of one or more countries other than New Zealand and I have listed these below.

	Country of tax residence 1	Country of tax residence 2	Country of tax residence 3
List all countries of tax residence (other than NZ):			
List Tax Identification Number (TIN):			
OR Reason if TIN is not provided:			

Investor / Authorised person / Director 2

I confirm:

I am only a tax resident in New Zealand **OR**

I am a tax resident of one or more countries other than New Zealand and I have listed these below.

	Country of tax residence 1	Country of tax residence 2	Country of tax residence 3
List all countries of tax residence (other than NZ):			
List Tax Identification Number (TIN):			
OR Reason if TIN is not provided:			

Investor / Authorised person / Director 3

I confirm:

I am only a tax resident in New Zealand **OR**

I am a tax resident of one or more countries other than New Zealand and I have listed these below.

	Country of tax residence 1	Country of tax residence 2	Country of tax residence
List all countries of tax residence (other than NZ):			
List Tax Identification Number (TIN):			
OR Reason if TIN is not provided:			

J ENTITY (TRUST & CORPORATE) APPLICANTS – ADDITIONAL INFORMATION REQUIRED

Is the Entity, or are any of the Controlling Persons of the Entity, resident for tax purposes in a country other than New Zealand? (Controlling Persons include all Directors, significant shareholders (25% or more), trustees, settlors, beneficiaries etc.).

E.g. name and type of “controlling person” (if not the Company), tax residency of controlling person/company, Tax Identification Number (TIN)

We may require additional information and/or documentation from you in order to meet the requirements of the Automatic Exchange of Information requirements. We will notify you if we require anything further.

K SIGNATURE(S) OF APPLICANT(S)

I/We hereby acknowledge that I/we have received and read the PDS, including the Application Instructions, and apply for the New Zealand dollar amount of Shares set out above and agree to accept such Shares (or such lesser number as may be allotted to me/us) on, and subject to, the terms and conditions set out in the PDS, the Constitution and this Application form.

All Applicants on the Application Form must sign.

Date:

L SEND APPLICATION FORM AND CHEQUE TO BE RECEIVED BY LINK MARKET SERVICES;

<p>Crossgate Capital Offer c/- Link Market Services Limited PO Box 91976, Auckland 1142 New Zealand</p>	<p>Or deliver to: Level 11, Deloitte Centre, 80 Queen Street, Auckland 1010, New Zealand Investor phone number: +64 9 375 5998</p>
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TERMS AND CONDITIONS

By submitting this Application Form, I/we agree that I/we:

- a) have received, read and understood the PDS.
- b) agree to subscribe for Shares upon and subject to the terms and conditions of the PDS, this Application form, the Constitution, and I/we agree to be bound by the provisions thereof.
- c) declare that all details and statements made by me/us in this Application Form are complete and accurate.
- d) certify that, where information is provided by me/us in this Application Form about another person, I/we are authorised by such person to disclose the information to Crossgate Capital and the Registrar.
- e) acknowledge that an application cannot be withdrawn or revoked once it has been submitted.
- f) warrant that I/we received this offer in New Zealand and I/we are eligible to participate in the offer. I/we agree to indemnify Crossgate Capital, and their respective Directors, officers, employees and agents in respect of any loss, cost, liability or expense sustained or incurred by any of them as a result of me/us breach that warranty or the selling restrictions described in the PDS.

This Application Form, the Offer and any contract arising out of its acceptance are each governed by New Zealand law. Under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, you may be required to produce evidence of your identity. I/we agree that my/our financial adviser may provide Crossgate Capital and its agents any information it has received (in connection with this Offer or previously) to satisfy any such obligations.

The information in this Application Form is provided to enable Crossgate Capital and the Registrar to process your application, and to administer your investment. By signing this Application Form, you authorise Crossgate Capital and the Registrar to disclose information in situations where Crossgate Capital or the Registrar are required or permitted to do so by any applicable law or by a governmental, judicial or regulatory entity or authority in any jurisdiction. Personal information provided by you will be held by Crossgate Capital and the Registrar at their respective addresses as provided in the PDS or at such other place as is notified upon request. This information will be used for the purpose of managing your investment. If you are an individual under the Privacy Act 1993, you have the right to access and correct any of your personal information. You can also access your information on the Link website (www.linkmarketservices.co.nz). You will be required to enter your CSN and Authorisation code (FIN).

M CERTIFICATE OF NON-REVOCATION OF POWER OF ATTORNEY:

(Complete this section if you are acting on behalf of the Applicant on this Application Form for whom you have power of attorney)

[.....]
(full name)

of [.....]
(place and country of residence),

[.....]
(occupation),

CERTIFY:

- THAT by deed dated [.....]
(date of instrument creating the power of attorney),

[.....]
*(full name of person/body corporate which granted the power of attorney**)*

appointed me

[.....]
(his/her/its attorney;

- THAT I have executed the application for Shares printed on this Application Form under that appointment and pursuant to the powers thereby conferred on me; and
- THAT I have not received notice of any event revoking the power of attorney.

Signed at [.....]

N CERTIFICATE OF NON-REVOCATION OF AGENT:

(Complete this section if you are acting as Agent on behalf of the Applicant on this Application)

[.....]

(full name)

of [.....]

(place and country of residence),

[.....]

(occupation),

CERTIFY:

• THAT by the agency agreement dated [.....]

(date of instrument creating the agency),

[.....]

*(full name of person/body corporate which appointed you as agent**)*

appointed me [.....]

(his/her/its) agent;

• THAT I have executed the application for Shares printed on this Application Form under that appointment and pursuant to the powers thereby conferred on me; and

• THAT I have not received any notice or information of the revocation of my appointment as agent.

Signed at [.....] this [.....], day of [.....]

(month/year)

Signature of agent [.....]

*** If donor is a body corporate, state place of registered office or principal place of business of donor and, if that is not in New Zealand, state the country in which the principal place of business is situated.*