

PIN CHEQUE(S) HERE. DO NOT STAPLE.

APPLICATION FORM HIGHGATE HILL RESIDENCES

Skyring Income Fund

ARSN 160 006 824

Issuer

Skyring Asset Management Limited
ACN 156 533 041, AFSL 422902
(**Responsible Entity**)

**Highgate Hill Residences
Income Offer**

This Application Form is important. If you are in doubt as to how to deal with it, please contact a professional adviser. You should read the entire IM carefully before completing the form.

Please insert your application amount. Must be a minimum of \$50,000 and in subsequent increments of \$10,000.

ARE YOU (PLEASE TICK)

- New Investor
- Existing Investor

A INVESTMENT AMOUNT

\$

B ADVISER FEE

Please specify the amount of the initial commission and further commission which you have agreed with your adviser that Skyring Asset Management Limited will pay to your adviser for your investment in the Fund in accordance with the terms disclosed in the Part 2:

%

Initial commission - up to 3.3% (incl GST) of your investment amount.

%

Further commission - up to 1.1% (incl GST) of your investment amount.

Adviser First Name

Adviser Surname

Advisor Stamp here

**C SELECT INVESTMENT METHOD
(PLEASE CHOOSE ONE)**

CHEQUE ATTACHED

Please make your cheque payable to Skyring Asset Management Limited atf Skyring Income Fund

ELECTRONIC FUNDS TRANSFER

Please phone our office on 1300 73 72 74 (within Australia) or + 61 7 3363 1200 (outside Australia) to obtain a reference to your EFT deposit

Reference Number

EFT Deposits should be made to the following account:

BSB: 034055

ACCOUNT NUMBER: 364114

ACCOUNT NAME: SKYRING ASSET MANAGEMENT LIMITED AREF SKYRING INCOME FUND

APPLICATION FORM

HIGHGATE HILL RESIDENCES

SECTION 1 - TYPE OF INVESTMENT

D SELECT TYPE OF INVESTMENT (PLEASE TICK APPROPRIATE OPTION)

INDIVIDUAL INVESTOR

(Go to section 2)

COMPANY INVESTOR

(Fill in Section 2 then proceed to section 3)

JOINT INVESTORS

(Go to section 2)

TRUSTEE/
SUPERANNUATION FUND

(Fill in Section 2 then proceed to section 4)

OTHER ENTITY

(Contact us for more details)

SECTION 2 - INDIVIDUALS AND JOINT INVESTORS

E INVESTOR DETAILS (PLEASE FILL IN DETAILS)

INVESTOR 1

First Name

Surname

Date of Birth

DD/MM/YY

TFN

XXX XXX XXX

INVESTOR 2

First Name

Surname

Date of Birth

DD/MM/YY

TFN

XXX XXX XXX

F RESIDENTIAL ADDRESS (PLEASE FILL IN DETAILS)

Street No./
Street Name

Suburb

State

Post Code

G POSTAL ADDRESS (IF THE SAME AS RESIDENTIAL WRITE 'AS ABOVE')

Street No./
Street Name

Suburb

State

Post Code

H TELEPHONE NUMBER (PLEASE PROVIDE)

Phone

I EMAIL ADDRESS (PLEASE PROVIDE)

Email

J ARE YOU (PLEASE FILL IN DETAILS)

ACTING IN A CAPACITY
AS A TRUSTEE?

(If 'Yes', you must also complete section 4)

Yes No

ACTING IN A
BUSINESS CAPACITY?

(If 'Yes', you must also complete part K)

Yes No

K BUSINESS DETAILS (COMPLETE ONLY IF YOU ARE ACTING IN A BUSINESS CAPACITY)

Full Business Name

Address of
principal place
of business

Suburb

State

Post Code

ABN (if any)

XX XXX XXX XXX

APPLICATION FORM HIGHGATE HILL RESIDENCES

SECTION 3 - COMPANY INVESTORS

L COMPANY DETAILS (PLEASE FILL IN DETAILS)

Full Company Name

ACN/ARBN/
other registration
number
(if applicable)

Name of relevant
foreign registration
body (if applicable)

M TYPE OF COMPANY (PLEASE TICK)

PROPRIETARY COMPANY

PUBLIC COMPANY
(Relevant market/exchange)

ACTING IN CAPACITY AS TRUSTEE
(if 'Yes' you must also complete section 4)

N COUNTRY OF INCORPORATION (IF NOT IN AUSTRALIA)

O FULL ADDRESS OF REGISTERED OFFICE (PLEASE PROVIDE)

PO Box No./ Street No/
Street Name

Suburb

State Post Code

Country

P FULL ADDRESS OF PRINCIPAL PLACE OF BUSINESS (PLEASE PROVIDE)

PO Box No./ Street No/
Street Name

Suburb

State Post Code

Country

Q CONTROLLING SHAREHOLDERS (COMPLETE ONLY IF A PROPRIETARY COMPANY)

Please provide the full name and address of all shareholders who hold more than 25% of the issued capital in the company and their percentage holding. For individuals, you will also need to provide their date of birth and residential address and the required identification documents. Refer to page 29 for more information.

Additional shareholder details annexed

R FOREIGN COMPANIES (PLEASE TICK)

THE COMPANY IS A MAJORITY
OWNED SUBSIDIARY OF A LISTED
AUSTRALIAN COMPANY?

Yes No

S IS YOUR COMPANY OPERATING AS A TRUSTEE? (PLEASE FILL IN DETAILS)

Yes No
(If 'Yes', you must also complete section 4)

If 'Yes'
Name of Australian company:

Relevant exchange/market:

APPLICATION FORM HIGHGATE HILL RESIDENCES

SECTION 4 - TRUSTS, SUPERANNUATION FUNDS

T TRUSTS (PLEASE FILL IN DETAILS)

Name of trusts

Country in which trust established

U TRUSTEES (PLEASE FILL IN DETAILS)

Given name(s) company name Surname/ACN

- 1.
- 2.
- 3.

V TYPE OF TRUST (PLEASE FILL IN ALL DETAILS)

ATO SUPERVISED SELF MANAGED SUPERANNUATION FUND

ABN:

XX XXX XXX XXX

ASIC REGISTERED SCHEME
SCHEME ARSN:

APRA REGULATED SUPERANNUATION FUND

APRA REGISTRATION NUMBER:

OTHER TRUSTS PLEASE COMPLETE THE FOLLOWING:

Beneficial owner of trust (such as the appointor):

(a) Please confirm the beneficial owner of the trust. A beneficial owner is the person who controls the activities of the trust. The beneficial owner is the same as listed above:

OR

(b) The beneficial owner is not listed above. Please complete below and provide the required identification documents. Refer to page 30 for more information.

First Name

Surname

Date of Birth
DD/MM/YY

Street No/
Street Name

Suburb

State

Post Code

Settler of Trust

First Name

Surname

Date of Birth
DD/MM/YY

Street No/
Street Name

Suburb

State

Post Code

Beneficiaries

Please indicate how the trust deed identifies beneficiaries/unitholders

By names of individuals (please list the name of each beneficiary/unitholder below):

First Name	Surname	Date of Birth
1.		DD/MM/YY

First Name	Surname	Date of Birth
2.		DD/MM/YY

First Name	Surname	Date of Birth
3.		DD/MM/YY

(Please attach a separate piece of paper listing all beneficiaries if there are more than four (4) beneficiaries)

OR

By membership of a class (please list the name of each membership class below).

APPLICATION FORM HIGHGATE HILL RESIDENCES

SECTION 5 - ACCOUNT DETAILS

W DIRECT CREDIT FOR DISTRIBUTIONS (PLEASE FILL IN ALL DETAILS)

NAME OF ACCOUNT WHICH IS TO BE CREDITED

BANK BRANCH

BSB ACCOUNT NUMBER

SECTION 6 - ANNUAL REPORT AND NON-DISCLOSURE

X ANNUAL REPORT & NON DISCLOSURE (PLEASE FILL IN ALL DETAILS)

I/we wish to receive the annual financial statement by post to the address shown above on this Application form or as otherwise notified to the Responsible Entity from time to time.

I/we wish to receive the annual financial statement electronically to the email address shown above on this Application Form or as otherwise notified to the Responsible Entity from time to time.

I/we wish/do not wish to be sent an annual financial statement, which, when available, will be accessible on the Responsible Entity's website.

SECTION 7 - FATCA DISCLOSURE

Y IS THE APPLICANT (WHEN AN INDIVIDUAL) OR ANY SHAREHOLDER (WHEN A COMPANY), OR BENEFICIAL OWNER (WHEN A TRUST) A US CITIZEN OR RESIDENT OF THE US FOR TAX PURPOSES? (SELECT APPLICABLE OPTION)

YES

NO

If 'Yes', complete the section below.

INDIVIDUAL

Please insert your US Taxpayer Identification Number (TIN)

Investor 1*

Investor 2*

(*As identified in Part E of Section 2)

COMPANIES

Please select one of the following categories and provide the information requested.

Financial Institution (A custodial or depository institution, an investment entity or a specified insurance company for FATCA purposes)

Provide the company's Global Intermediary Identification Number (GIIN), if applicable

If the company does not have a GIIN, please provide its FATCA status

APPLICATION FORM HIGHGATE HILL RESIDENCES

TRUSTS

Regulated super funds (self-managed superannuation funds, APRA regulated super funds, government super funds or pooled superannuation trusts) are not required to complete this section and can proceed to section 8.

United States Trust

(A trust created in the US, established under the laws of the US or a US taxpayer)

Provide the Trust's US Taxpayer Identification Number (TIN)

Is the Trust an exempt payee for US tax purposes?

Yes No

Financial Institution or Trust with a Trustee that is a Financial Institute

(A trust that is primarily established for custodial or investment purposes or a Trust that has a Trustee that is a Financial Institution in its own right)

Provide the Trust or Trustee's Global Intermediary Identification Number (GIIN), if applicable

If neither the Trust nor the Trustee has a GIIN, please provide the Trust's FATCA status

If the Trust is a Financial Institution or has a Trustee that is a Financial Institution section 8A is complete, proceed to section 8B.

Other

(Trusts that are not US Trusts, Financial Institutions or do not have Financial Institution Trustees)

SECTION 8 - DECLARATION

Z SIGNATURE (PLEASE SIGN)

I/We declare that this application is completed according to the declarations/appropriate statements and:

- (a) agree to be bound by the Constitution of the Skyring Income Fund;
- (b) I/we acknowledge this Offer is made to wholesale clients only (as defined in section 761G of the Corporations Act) and I/we confirm that I/we are a wholesale client and, if required, have provided an accountant's certificate confirming my/our status with my/our Application Form; and
- (c) acknowledge the following matters:
 - (i) I/We have read and understood the IM, comprising the Part 1 and Part 2, to which this Application Form is attached.
 - (ii) Skyring Asset Management Limited reserves the right to accept or reject any application in its absolute discretion.
 - (iii) I/We have had the opportunity to seek professional advice regarding all aspects of this investment.
 - (iv) I/We have not relied on any statements or representations made by any party (including Skyring Asset Management Limited and its officers, employees and agents) prior to applying, other than those written representations made in the IM.
 - (v) I/We have personally received a complete and unaltered copy of the IM prior to completing the Application Form.
 - (vi) I/We have made an offer to become an investor in the Highgate Hill Residences Income Class in the Skyring Income Fund which cannot be revoked.
 - (vii) Skyring Asset Management Limited does not guarantee the repayment of capital or the performance of the Skyring Income Fund.
 - (viii) I/We acknowledge that my/our adviser will be paid an initial and further commission by Skyring Asset Management Limited on the amount specified by item B of this Application Form on the terms explained in Part 1.

I/We hold all necessary approvals, including FIRB approval (if required), I/we require to make the investment and hold Units.

I/We acknowledge that the offer under this Part 2 is restricted to wholesale clients (as defined in section 761G of the Corporations Act) and sophisticated investors under section 761GA of the Corporations Act (collectively Wholesale Investors).

Investor1/Director 1

Investor2/Director 2 (if applicable)

OFFICE USE ONLY	
S1: <input type="text"/>	S2: <input type="text"/>