



Norfolk Mortgage Trust

Application Form

This Application Form constitutes an offer to acquire units in Norfolk Mortgage Trust, as described below. For instructions on how to complete and deliver this form see the accompanying application instructions.



APPLICANT NAME DETAILS

Full Legal Name: _____

Individual Joint Company Trust Applicants Partnership

Other: _____

Details of Individual / Joint Applicants / Directors / Trustees (Include names of all directors or Trustees in case of company or trust)

Title: _____ First Names: _____ Surname: _____

Title: _____ First Names: _____ Surname: _____

Title: _____ First Names: _____ Surname: _____

Person to contact in connection with the investment: Name: _____

Existing Investor: Yes / No

ADDRESS DETAILS (tick box for preferred mailing address)

P O Box: _____

Street & Number: _____

Suburb: _____

City: _____ Post Code: _____

Country: _____

Email Address: _____

Referred By: _____

(Please indicate how you became aware of the Norfolk Mortgage Trust)

I/We authorise the Trust or its agents to contact me/us by email, facsimile or by post in connection with my investment, in the Trust's discretion.

(Please circle your preferred contact method)

Foreign Account Tax Compliance Act (FATCA)

FATCA is US legislation directed at reducing tax evasion by US taxpayers which is in force in New Zealand. As a result, we have a legal obligation to ask each time an investment is made whether the Applicant has any US connections and accordingly would ask you to complete the FATCA questionnaire below. The definition of Applicant is very wide and includes the following:

1. If the Applicant is an individual or partnership then all individuals and partners;
2. If the Applicant is a company then all directors or shareholders;
3. If the Applicant is a trust then any settlor, trustee, beneficiary, class of beneficiary, protector or other persons exercising control over the trust;
4. If the Applicant is an estate then any executor, beneficiary, class of beneficiary, or any person exercising control over the estate.

If you have previously completed the form and your situation has not changed then you do not need to complete it again. If your situation has changed, then please contact the Manager. Should you not complete the questionnaire then you are confirming there is no US connection.

Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

Witness Name _____
(Witness name required for company investment only - for one directors signature)

Occupation _____ Signature _____

This Application form must not be issued, circulated or distributed unless accompanied by the PDS relating to the Offer of Units.

ADDITIONAL CONDITIONS

1. By signing this Application Form, the applicant acknowledges that this form was distributed with the PDS and that offers to subscribe for Units are upon and subject to the terms and conditions set out in the PDS. The applicant also acknowledges that he/she/it has received, read and understood the PDS. The applicant also acknowledges that the information supplied by him/her/it on the Application Form is true.
2. Each applicant acknowledges and confirms that none of Covenant Trustee Services Limited, the Manager or their respective officers or directors has made any warranties in connection with returns on Units in Norfolk Mortgage Trust.
3. An application cannot be withdrawn or revoked by the applicant.
4. The Manager reserves the right to reject any application in whole or in part without giving any reason.
5. In the case of joint applicants, only the address of the first named of the joint applicants will be recorded by the Manager and all distributions, notices and communications will be sent to the address of the first applicant.
6. Expressions defined in the PDS have the same meanings in this Application Form. This Application Form and any contract arising out of its acceptance are governed by New Zealand law.

CERTIFICATE OF NON-REVOCATION OF POWER OF ATTORNEY

(Complete only if this application is being signed by attorney)

I _____ of (Name of Attorney) _____

(Address and Occupation of Attorney)

HEREBY CERTIFY THAT

1. By a Power of Attorney dated the _____ day of _____
(date) (month) (year)

(Name and Occupation of person for whom Attorney is signing)

(Address of person for whom Attorney is signing)

(the Donor) appointed me his/her/its Attorney on the terms and conditions set out in the Power of Attorney.

2. I have executed the application for units printed on the face of this form as Attorney pursuant to the power conferred on me by the Power of the Attorney.

3. At the date of this certificate I have not received any notice or information of the revocation of the Power of the Attorney whether by death of dissolution of the donor or otherwise.

Signed at _____ this _____ day of _____
(place) (date) (month) (year)

Signature of Attorney _____

FATCA Questionnaire US Citizen or US Tax Resident Test

If any of the Applicants circle yes to any of the questions below then they could be a US citizen or US tax resident and must return this page to us. We would then seek further information from them to clarify their status and make sure they comply with their legal obligations.

1 Definition of US citizen:

(a) Were any Applicants born in the US?

Yes / No

(b) Do any Applicants have a US citizen parent?

Yes / No

(c) Are any Applicants US naturalised?

Yes / No

2 Test for US tax resident:

(a) Do any Applicants have a green card? Yes / No

(b) Are they substantially present in the US? (See Note below)

Note: Substantial presence is satisfied when you are present in the US for 31 days in the current year (calendar year), and for at least 183 days in the period of the current year and the two years prior to the current year. When assessing the 183 days, this includes all days present in the US in the current year, one-third of the days present in the US in the year prior to the current year, and one-sixth of the days present in the US in the year two years prior to the current year.

3 Are any Applicants resident (living) in the US?

Yes / No

Identity and Address Verification Form

We are required to verify your identity for the purposes of the Anti-Money Laundering and Countering Financing of Terrorism Act 2009.

Instructions for Completing this Form:

Step 1: Complete your personal details

Step 2: Choose one of the identification options and make photocopies of your relevant identity documents

Step 3: Take both photocopies and original identification documents to an Eligible Referee (see list) to have them certified

Step 4: Post this completed form, as well as your certified copies of identification document in the enclosed envelope to us at: Norfolk Mortgage Management Limited, PO Box 220, Shortland Street, Auckland 1140

If you have any questions about completing this form, please call (09) 0508 777 707 (ask for the Manager.)

STEP 1: Your Personal Details

Mr Mrs Miss Ms Other _____

First Name(s) _____ Surname _____

Date of birth _____

Residential Address

Street Address _____

Suburb or Road _____

Town or City _____

Postcode

Postal Address (if different from above)

Po Box _____

Suburb or Road _____

Town or City _____

Postcode

Citizenship _____

STEP 2: Identity Documents Including Address Verification

In order to verify your identity, you must provide proof of your identity from only one of the identification options below:

Option 1

- New Zealand passport
- Firearms licence
- Certificate of identity
- Refugee travel document
- Overseas passport
- National identity card

Option 2

- Current New Zealand Driver Licence 18+ Card
 - International driving permit
- and one of the following:
- Birth Certificate, or Certificate of Citizenship
Citizenship certificate issued by a foreign government
 - Birth certificate issued by a foreign government

Option 3

- Current New Zealand Driver Licence
- and one of the following:
- Credit, debit or EFTPOS card with your name embossed
 - Bank Statement
Government agency document or statement

Address Verification

If the option chosen above does not contain proof of the above residential address, please also provide one of the following that is not more than three months old:

- Bank Statement
 Utility Bill
 Inland Revenue Statement

If you are unable to provide any of the above documents, please contact us for assistance.

STEP 3: Document Certification

The Eligible Referee needs to view both copies and originals of the identity documents and provide the Eligible Referee certification on the copies.

The copies of your identity documents must be certified by an Eligible Referee selected from the list below.

- | | | |
|--|--|---|
| <input type="radio"/> Barrister, solicitor or attorney | <input type="radio"/> Justice of the Peace | <input type="radio"/> Person who is a Registrar of a Court |
| <input type="radio"/> Legal Executive (qualified) | <input type="radio"/> Chartered Accountant | <input type="radio"/> Any other person in an overseas jurisdiction who has authority to witness documents under the country's evidencing rules provided that they affix their seal or mark and recite their statutory authority |
| <input type="radio"/> Notary Public | <input type="radio"/> Commissioner of Oaths in the Commonwealth jurisdiction | |
| <input type="radio"/> Bank Officer | <input type="radio"/> New Zealand Consular Officer | |

Please note that the Eligible Referee must be over 16 years of age, not related to you (e.g. parent, child, brother, sister, aunt, uncle or cousin), and cannot be someone living at the same address as you.

The Eligible Referee certification must include the following words: "I certify this to be a true copy of the original, which I have sighted, and it represents the identity of the person presenting the document to me for certification". The certification must be dated, and include the name, occupation and signature of the Eligible Referee.

STEP 4: Checklist

- I have:
- Completed all sections of the form
 - Had an Eligible Referee provide their certification on copies of my identification and address verification documents

Please return the completed form and documentation in the enclosed self-addressed envelope to:

Norfolk Mortgage Management Ltd
 PO Box 220
 Shortland Street
 Auckland 1140

The information in this form is being collected for the purposes of meeting our requirements under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and it will be held by Norfolk Mortgage Management Limited. It may be disclosed to third parties to meet our requirements under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009. You can ask to see the personal information that Norfolk Mortgage Management Limited holds about you by calling or writing to us.