



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 DETAILS

Type of Investor:

Individual
 Joint
 Company
 Trust
 Partnership
 Estate

If Individual:

Full Legal Name: _____

If Joint/Company/Trust/Partnership/Estate:

Full Legal Name 1: _____

Full Legal Name 2: _____

Full Legal Name 3: _____

Person to contact in connection with the investment: _____

CONTACT DETAILS

Email Address: _____

Company Name: _____

Street Address: _____

Suburb: _____ Post Code: _____

City: _____

I prefer to be contacted by post by email *(please tick one)*

Home Phone: _____

Mobile Phone: _____

I prefer to be contacted by landline by mobile *(please tick one)*

FURTHER DETAILS

Source of funds e.g. *inheritance, savings, proceeds from asset sale:*

How did you hear about Norfolk Mortgage Trust?

DECLARATION

I/We irrevocably apply for units in Norfolk Mortgage Trust at the current issue price on the terms and conditions set out in the PDS. I/We agree to be bound by the terms of issue of the Units issued to me (if any) and the provisions of the Master Trust Deed and Establishment Deed.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Witness Name: _____
(required for company investment only - for one director's signature)

Occupation: _____

Signature: _____

This application form must not be issued, circulated or distributed unless accompanied by the PDS relating to the offer of units. If this application form is being executed by a company, the signatures of two directors are required. If there is only one company director, the director's signature must be witnessed below the signature where provided.

The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 requires verification of the identity of new investors. Please refer to the Identity and Address verification form attached. This form will need to be completed and forwarded, together with the necessary verification requirements with your completed application form. We may need to obtain further information from you to meet our legal obligations under the Act before and after you invest with us.

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 _____
(Name)

of _____
(Address)

(Occupation)

HEREBY CERTIFY THAT

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

(Name and occupation of person for whom the attorney is signing)
("the Donor") appointed me his/her/it's 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 and 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? Yes / No

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 your identification documents in the enclosed envelope to us at: Norfolk Mortgage Management Limited, PO Box 220, Shortland Street, Auckland 1140. You may also email the completed form to info@norfolktrust.co.nz.

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 _____

Full Legal Name: _____

Date of birth: _____

Residential Address

Street Address: _____

Suburb: _____ Postcode: _____

City: _____

Contact Details

Home Phone: _____

Mobile Phone: _____

Business Phone: _____

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:

<p>Option 1</p> <ul style="list-style-type: none"> <input type="radio"/> New Zealand passport <input type="radio"/> Firearms licence <input type="radio"/> Certificate of identity <input type="radio"/> Refugee travel document <input type="radio"/> Overseas passport <input type="radio"/> National identity card 	<p>Option 2</p> <ul style="list-style-type: none"> <input type="radio"/> Current New Zealand Driver Licence 18+ Card <input type="radio"/> International driving permit <p>and one of the following:</p> <ul style="list-style-type: none"> <input type="radio"/> Birth Certificate, or Certificate of Citizenship Citizenship certificate issued by a foreign government <input type="radio"/> Birth certificate issued by a foreign government 	<p>Option 3</p> <ul style="list-style-type: none"> <input type="radio"/> Current New Zealand Driver Licence <p>and one of the following:</p> <ul style="list-style-type: none"> <input type="radio"/> Credit, debit or EFTPOS card with your name embossed <input type="radio"/> Bank Statement Government agency document or statement
--	---	---

Address Verification

If the options 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"/> Notary Public | <input type="radio"/> Commissioner of Oaths in the Commonwealth jurisdiction | <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"/> 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 email and return the original completed form and documentation to:

Email: info@norfolk.co.nz

Address:
Norfolk Mortgage Management Ltd
PO Box 37341
Parnell
Auckland 1151

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.