TYGA INVESTMENT AUSTRALIA PROPERTY FUND

This Application Form is in relation to the Information Memorandum dated 23 December 2016 (**IM**) issued by One AR Pty Ltd ACN 602 601 776 (Authorised representative number 471702) (**Issuer**) in its capacity as trustee of the Tyga Investment Australia Property Fund (**Fund**).

It is important that you read the IM in full and the acknowledgements contained in this Application Form before applying for Units.

Unless otherwise defined, capitalised terms used in this Application Form have the same meaning given to them in the IM.

Please tick one box below and complete the relevant Sections of the Application Form.

Investor Type	Complete
Individual/Joint Investors/Sole Traders	Sections 1, 2, 5, 6, 7, 8 and 9
Company	Sections 1, 3, 5, 6, 7, 8 and 9
Trust/Superannuation Fund with Individual Trustee	Sections 1, 2, 4, 5, 6, 7, 8 and 9
Trust/Superannuation Fund with Corporate Trustee	Sections 1, 3, 4, 5, 6, 7, 8 and 9

If investing via a Financial Adviser

Please ensure both you and your financial adviser also complete 'Section 10. Financial Adviser Details and Customer Identification Declaration'. You do not need to provide copies of your certified identification documentation with your Application Form if this information has been provided to your financial adviser, your financial adviser has elected to retain this information, and agreed to make it available upon request, under Section 10 of this Application Form.

Post

Please post completed Application Forms and all supporting documentation to:

Tyga Investment Australia Property Fund Unit Registry PO Box R1479

Royal Exchange NSW 1225

Questions

If none of the above categories are applicable to you, or you have other questions relating to this Application Form, please contact the Registrar on $+61\ 2\ 8188\ 1510$.



INVESTMENT DETAILS 1.1 DETAILS I/we apply to invest in the following Fund and by completing this Section 1.1, I/we agree that the manager of the Fund will be paid an entry fee set out in the IM from the amount specified below. Tyga Investment Australia Property Fund Gross Amount: AUD (Minimum of \$1,000,000) Please tick the box beside your chosen payment method and complete the required details. Made payable to: One AR Pty Ltd - Applications Account **Electronic Funds Transfer or Direct Deposit** Bank: St. George Reference: "Investor surname/company or trust name" (as applicable) Account Name: One AR Pty Ltd - Applications Account BSB: 332 127 Account number: 554 104 733 Date of Transfer Reference Used **Source of Investment Funds** Please identify the source of your investable assets or wealth: Gainful employment Inheritance/gift Business activity Superannuation savings Financial Investments Other - please specify What is the purpose of this investment? Savings Growth Income Retirement **Business account** 1.2 WHOLESALE CLIENT I acknowledge that one of the following circumstances apply to me (please indicate): (a) I am/we are applying for Units at a price, or for the value of at least \$500,000 under this Application Form (b) I have/we have net assets of at least \$2.5 million, and I am/we are applying for Units in the Fund for a purpose other than for use in connection with a business I have/we have a gross income for each of the last two financial years of at least \$250,000 per year, and I am/we are applying for Units in the Fund for a purpose other than for use in connection with a business

If (b) or (c) applies, please ensure you have the Accountant's Certificate (see page 17) completed.

(d) I am/we are a 'professional investor' as defined in the Corporations Act*

^{*}If you consider yourself a 'professional investor' please contact the Issuer on the number provided in order to complete the appropriate forms.

2. INDIVIDUAL/JOINT INVESTORS/SOLE TRADERS/INDIVIDUAL TRUSTEES - APPLICATION FORM

Complete this section if you are investing in your own name, including as a sole trader.

2.1 INVESTOR DETAILS			
INVESTOR 1			
Title		Date of Birth	
Given Names		Surname	
Tax File Number or Exemption Code		Country of Resid	dence for Tax Purposes
Residential Address (not a PO Box)			
Culturale	Chaha	Dashaada	Caustini
Suburb	State	Postcode	Country
Email			
Email			
Mobile Number		Telephone	
Occupation		Country of Birth	
INVESTOR 2 (only applicable for join	t investors)		
Title		Date of Birth	
Civer Names		C	
Given Names		Surname	
Tax File Number or Exemption Code		Country of Pesic	dence for Tax Purposes
Tax File Number of Exemption code		Country of Resid	defice for fax f diposes
Residential Address (not a PO Box)			
,			
Suburb	State	Postcode	Country
Email			
Mobile Number		Telephone	
Occupation		Country of Birth	
If there are more than two individuals plea	ase provide details a	and attach to this A	application Form.
Politically Exposed Person (PEP)			
Are any of the Investors a PEP? Please ref	er to page 14 if you	are unsure what PI	EP means.
Yes, please provide description of Pl			
res, please provide description of F			
No			

Full Business Name (if any)			
Australian Business Number (if obtained)	1		
Address of Principal Place of Business (no	ot a PO Box). If san	ne as residential add	ress given above, mark 'As Above'.
	State	Postcode	Country
2.2 IDENTIFICATION DOCUMENT	'S		
To comply with Australia's Anti-Money La collect certain information from prospect COPIES of relevant identification docume	ive investors and t	heir beneficial owne	rs supported by ORIGINAL CERTIFI
Please refer to page 14 for details of how otherwise we may not be able to process	-		vide all documents in the proper for
Select one of the following options to	verify each investo	r and Beneficial Owr	ner.
Provide a certified copy of a driver's	s licence that conta	ains a photograph of	the licence/permit holder; or
Provide a certified copy of a passpo	ort that contains a p	ohotograph and sign	nature of the passport holder.
3. COMPANY/CORPORATE TE	RUSTEE - APPI	LICATION FORN	и
Complete this section if you are investing	for, or on behalf o	f, a company.	
3.1 COMPANY DETAILS			
Full Company Name			
Country of Formation, Incorporation or R	egistration	Country of Resid	dence for Tax Purposes
ARBN (if registered with ASIC)		ACN/ABN (if reg	gistered in Australia)
			,
Tax File Number or Exemption Code (Australian residents) AFS Licence Number (if applicable)			mber (if applicable)
Name of Regulator (if licenced by an Aus	tralian Commonwo	valth State or Torrito	ry statutory rogulator)
value of Regulator (if liceficed by all Aus	tranan Commonwe	ealth, State of Territo	ry statutory regulator)
Registered Business Address in Australia	or in Country of Fo	ormation	
Guburb	State	Postcode	Country
Principal Place of Business (not a PO Box	address)		
Suburb	State	Postcode	Country
Sabara			
f an Australian Company, registration st	atus with ASIC.		
Proprietary Company	Public Company	,	
f a Foreign Company, registration status	with the relevant f	foreign registration k	oody.
Private/Proprietary Company	Public Company		ease Specify
Name of Relevant Foreign Registration B	ody		ny Identification Number

Is the Company Listed?				
No Yes - Name of Market,	Stock Exchange			
Is the company a majority-owned subsidia	ary of an Australian I	isted company?		
No Yes - Name of Austral	ian Listed Company			
- Name of Market,	/Stock Exchange			
Directors of the Company/Corporate	Trustee			
If the company is registered as a propriet please list the name of each director of th	ary company by AS	IC or a private co	mpany by a	foreign registration body,
Director 1 - Full Name		Director 4 - Full	Name	
Director 2 - Full Name		Director 5 - Full	Name	
Director 3 - Full Name		Director 6 - Full	Name	
If there are more than six directors please Application Form.	provide their full nai	mes on a separate	page and a	ttach to this Initial
Politically Exposed Person (PEP)				
Are any of the company directors a PEP?	Please refer to page	14 if you are unsur	re.	
Yes, please provide description of Pl	EP's position.			
No				
Beneficial Owners of the Company/O If the company is an Australian proprieta please provide details for each shareholde issued share capital. If no shareholder ow who directly or indirectly control the com means.	ry company, an Auster who own directly, rns 25% or more of the	tralian non-listed jointly or beneficia ne company's issue	ally owns 25 ed share ca	5% or more of the company's pital, please list the persons
Beneficial Owner 1				
Full Name				Date of Birth
Occupation		Country of Birth	l	
Residential Address (not a PO Box addres	ss)			
Suburb	State	Postcode	Country	
Beneficial Owner 2				
Full Name				Date of Birth
Occupation		Country of Birth	 I	
Residential Address (not a PO Box addres	ss)			
Suburb	State	Postcode	Country	

Beneficial Owner 3				
Full Name				Date of Birth
Occupation		Country of Birth		
Residential Address (not a PO Box address)				
Suburb Sta	210	Postcode	Country	
Suburb	ite	Postcode	Country	
If there are more than 3 Beneficial Owners, ple attach to this Initial Application Form.	ease provide addit	ional Beneficial C)wners deta	ils on a separate page and
attach to this initial Application Form.				
Politically Exposed Person (PEP)				
Are any of the Beneficial Owners a PEP? Pleas	se refer to page 14	if you are unsure	what PEP n	neans.
Yes, please provide description of PEP's	nosition			
res, pieuse provide description or r Er s	position.			
No				
3.2 CONTACT PERSON DETAILS (Fina	ancial Adviser d	etails not accep	oted)	
Given Names		Surname		
Postal Address				
1 Ostal Madress				
		Destanda	C	
Suburb Sta	ate	Postcode	Country	
Email				
Mobile Number		Telephone		
3.3 IDENTIFICATION DOCUMENTS				
To comply with AML/CTF legislation, we must				•
and their beneficial owners supported by ORI investors and their beneficial owners.	GINAL CERTIFIEL	COPIES of releva	ant identifica	ation documents for all
Please refer to page 14 for details of how to ar	rrange certified co	onies Please provi	ide all docur	ments in the proper format
otherwise we may not be able to process your			ide dii docai	nents in the proper format
Select one of the following options to verify	y the company.			
			6.1	
Perform a search of the ASIC database (unit registry to pe	erform on behalf c	of the investo	or); or
Provide a certified copy of the certificati				
body (must show full name of company,	name of registrat	ion body, compar	ny identifica	tion number and type of
company – private or public).				
Select one of the following options to verify	y the Officeholder	s who have signe	d the Applic	ation Form and
Beneficial Owners identified in section 3.1.				
Provide a certified copy of a driver's lice	nce that contains	a photograph of t	the licence/	permit holder; or
Provide a certified copy of a passport th	iat contains a phot	tograph and signa	ature of the	passport holder.

4. TRUST/SUPERANNUATION FUND - APPLICATION FORM

Complete this section if you are investing for, or on behalf of, a Trust/Superannuation Fund.

4.1 TRUST/FUND DETAILS	
Full Name of Trust/Superannuation Fund	
Country of Establishment	Country of Residence for Tax Purposes
Tax File Number or Exemption Code	Australian Business Number (if any)
Tax The Trumber of Exemption code	/ tastrailar Business (traine)
TYPE OF TRUST	
(Please tick ${\bf ONE}$ box from the list below to indicate the type	of Trust and provide the required information)
Type A: Regulated Trust (e.g. self-managed superanr	quation fund)
Name of regulator (e.g. ASIC, APRA, ATO)	Registration/Licensing details
Type B: Government Superannuation Fund	
Name of the legislation establishing the fund	
Type C: Foreign Superannuation Fund	
Name of Regulator	Registration/Licensing Details
Type D: Other Type of Trust/Unregulated Trust	
Trust Description (e.g. family, unit, charitable)	
4.2 ADDITIONAL INFORMATION FOR TYPE C AND	TYPE D TRUSTS
4.2 ADDITIONAL INFORMATION FOR TYPE C AND SETTLOR OF THE TRUST	TYPE D TRUSTS
SETTLOR OF THE TRUST The material asset contribution to the trust by the settle	
SETTLOR OF THE TRUST The material asset contribution to the trust by the settle \$10,000.00.	
SETTLOR OF THE TRUST The material asset contribution to the trust by the settle \$10,000.00. The settlor of the trust is deceased.	
SETTLOR OF THE TRUST The material asset contribution to the trust by the settle \$10,000.00. The settlor of the trust is deceased. Neither of the above is correct:	
SETTLOR OF THE TRUST The material asset contribution to the trust by the settle \$10,000.00. The settlor of the trust is deceased. Neither of the above is correct: Provide the full name of the settlor of the trust.	
SETTLOR OF THE TRUST The material asset contribution to the trust by the settle \$10,000.00. The settlor of the trust is deceased. Neither of the above is correct: Provide the full name of the settlor of the trust. BENEFICIARY DETAILS	or at the time the trust was established was less than
SETTLOR OF THE TRUST The material asset contribution to the trust by the settlor \$10,000.00. The settlor of the trust is deceased. Neither of the above is correct: Provide the full name of the settlor of the trust. BENEFICIARY DETAILS Do the terms of the Trust identify the beneficiaries by reference.	or at the time the trust was established was less than
SETTLOR OF THE TRUST The material asset contribution to the trust by the settle \$10,000.00. The settlor of the trust is deceased. Neither of the above is correct: Provide the full name of the settlor of the trust. BENEFICIARY DETAILS	or at the time the trust was established was less than
SETTLOR OF THE TRUST The material asset contribution to the trust by the settle \$10,000.00. The settlor of the trust is deceased. Neither of the above is correct: Provide the full name of the settlor of the trust. BENEFICIARY DETAILS Do the terms of the Trust identify the beneficiaries by referen Yes - Describe the class of beneficiaries below (e.g. unit	or at the time the trust was established was less than
SETTLOR OF THE TRUST The material asset contribution to the trust by the settle \$10,000.00. The settlor of the trust is deceased. Neither of the above is correct: Provide the full name of the settlor of the trust. BENEFICIARY DETAILS Do the terms of the Trust identify the beneficiaries by referen Yes - Describe the class of beneficiaries below (e.g. unit charitable purposes)	or at the time the trust was established was less than ace to a membership of a class? I holders, family members of named person,
SETTLOR OF THE TRUST The material asset contribution to the trust by the settle \$10,000.00. The settlor of the trust is deceased. Neither of the above is correct: Provide the full name of the settlor of the trust. BENEFICIARY DETAILS Do the terms of the Trust identify the beneficiaries by referen Yes - Describe the class of beneficiaries below (e.g. unit	or at the time the trust was established was less than ace to a membership of a class? I holders, family members of named person,
SETTLOR OF THE TRUST The material asset contribution to the trust by the settle \$10,000.00. The settlor of the trust is deceased. Neither of the above is correct: Provide the full name of the settlor of the trust. BENEFICIARY DETAILS Do the terms of the Trust identify the beneficiaries by referen Yes - Describe the class of beneficiaries below (e.g. unit charitable purposes)	or at the time the trust was established was less than ace to a membership of a class? I holders, family members of named person,
SETTLOR OF THE TRUST The material asset contribution to the trust by the settlor \$10,000.00. The settlor of the trust is deceased. Neither of the above is correct: Provide the full name of the settlor of the trust. BENEFICIARY DETAILS Do the terms of the Trust identify the beneficiaries by referent the class of beneficiaries below (e.g. unit charitable purposes) No - Provide the full names of all company and individue.	or at the time the trust was established was less than ace to a membership of a class? I holders, family members of named person, al beneficiaries
SETTLOR OF THE TRUST The material asset contribution to the trust by the settlor \$10,000.00. The settlor of the trust is deceased. Neither of the above is correct: Provide the full name of the settlor of the trust. BENEFICIARY DETAILS Do the terms of the Trust identify the beneficiaries by referent the class of beneficiaries below (e.g. unit charitable purposes) No - Provide the full names of all company and individual Beneficiary 1 - Full Name	or at the time the trust was established was less than ace to a membership of a class? I holders, family members of named person, al beneficiaries Beneficiary 4 - Full Name
SETTLOR OF THE TRUST The material asset contribution to the trust by the settlor \$10,000.00. The settlor of the trust is deceased. Neither of the above is correct: Provide the full name of the settlor of the trust. BENEFICIARY DETAILS Do the terms of the Trust identify the beneficiaries by referent the class of beneficiaries below (e.g. unit charitable purposes) No - Provide the full names of all company and individue.	or at the time the trust was established was less than ace to a membership of a class? I holders, family members of named person, al beneficiaries
SETTLOR OF THE TRUST The material asset contribution to the trust by the settler \$10,000.00. The settlor of the trust is deceased. Neither of the above is correct: Provide the full name of the settlor of the trust. BENEFICIARY DETAILS Do the terms of the Trust identify the beneficiaries by referen Yes - Describe the class of beneficiaries below (e.g. unit charitable purposes) No - Provide the full names of all company and individu Beneficiary 1 - Full Name Beneficiary 2 - Full Name	or at the time the trust was established was less than acce to a membership of a class? I holders, family members of named person, al beneficiaries Beneficiary 4 - Full Name Beneficiary 5 - Full Name
SETTLOR OF THE TRUST The material asset contribution to the trust by the settlor \$10,000.00. The settlor of the trust is deceased. Neither of the above is correct: Provide the full name of the settlor of the trust. BENEFICIARY DETAILS Do the terms of the Trust identify the beneficiaries by referent the class of beneficiaries below (e.g. unit charitable purposes) No - Provide the full names of all company and individual Beneficiary 1 - Full Name	or at the time the trust was established was less than ace to a membership of a class? I holders, family members of named person, al beneficiaries Beneficiary 4 - Full Name

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Application Form.

Beneficial Owners of the Trust

Please provide details of the Beneficial Owners of the Trust. A beneficial owner is an individual who ultimately owns 25% or more of the trust or an individual who controls (directly or indirectly) the trust. Control includes acting as a trustee, or as a result of, or by means of, trusts, agreements, arrangements, understandings and practices or exercising control through the capacity to direct the trustees, or having the ability to appoint or remove the trustees. Refer to page 14 if you are unsure as to what Beneficial Owner means.

Beneficial Owner 1				
*Full Name				Date of Birth
Occupation		Country of Bi	rth	
Residential Address (not a PO Box add	ress)			
	-			
Suburb	State	Postcode	Country	
]]]	
Beneficial Owner 2				
*Full Name				Date of Birth
Occupation		Country of Bi	rth	
Residential Address (not a PO Box add	ress)			
Suburb	State	Postcode	Country	
Beneficial Owner 3				
*Full Name				Date of Birth
Occupation		Country of Bi	rth	
Occupation		Country or Bil	1 (11	
Desidential Address (not a DO Day add				
Residential Address (not a PO Box add	ress)			
Suburb	State	Postcode	Country	
*If there are more than 3 Beneficial Own attach to this Initial Application Form.	ners, please provi	ide additional Benefic	cial Owners d	etails on a separate page and
Politically Exposed Person (PEP)				
Are any of the beneficiaries a PEP? Ple	ase refer to page	14 if you are unsure w	/hat PEP mea	ns.
Yes, please provide description of	f PEP's position.			
No				

4.3 TRUSTEE DETAILS

If a trustee is an individual, please complete Section 2. If a trustee is a company, please complete Section 3.

4.4 IDENTIFICATION DOCUMENTS

To comply with AML/CTF legislation, we must collect certain information from prospective investors and their beneficial owners supported by ORIGINAL CERTIFIED COPIES of relevant identification documents for all investors and their beneficial owners.

Please refer to page 14 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

For Trusts identified under 4.1 as Type A & Type B - se	elect one of the following options to verify the Trust.			
Perform a search of the relevant regulator's website e.g. "Super Fund Lookup" (unit registry to perform on behalf of the investor);				
Provide a copy of an offer document of the managed investments scheme e.g. a copy of a Product Disclosure Statement; or				
Provide a copy or relevant extract of the legislation from a government website.	n establishing the government superannuation fund sourced			
For Trusts identified under 4.1 as Type C & Type D - so	elect one of the following options to verify the Trust.			
Provide a certified copy or a certified extract of th signature page;	e Trust Deed containing the cover page, recitals and			
Provide an original letter from a solicitor or qualified of the settlor of the Trust; or	ed accountant that confirms the name of the Trust and full name			
Provide a notice issued by the Australian Taxation	Office within the last 12 months (e.g. a Notice of Assessment).			
For Trusts identified under 4.1 as Type C & Type D - se Owners identified in section 4.2.	elect one of the following options to verify the Beneficial			
Provide a certified copy of a driver's licence that co	ontains a photograph of the licence/permit holder; or			
Provide a certified copy of a passport that contain	s a photograph and signature of the passport holder.			
AND relevant identification documents for the trustee	as specified in Section 2 or 3 (as applicable).			
5. PAYMENT INSTRUCTIONS DISTRIBUT	TIONS AND WITHDRAWALS			
If this is a new investment and no nomination is made, d	and withdrawals to be paid by ticking the relevant boxes. istributions will be reinvested. A nomination in this section does in which no distribution is payable, or we may make interim of distribution:			
Tyga Investment Australia Property Fund				
Reinvest in the Fund.				
Pay to my/our account (Please provide your financial institution account details as per below).				
this will be the bank account we credit any withdrawal p	Australian financial institution) vals and credit of distributions. Unless requested otherwise, proceeds. By providing your nominated account details in this all future transaction requests that you make until written notice			
Bank/Institution	Branch			
Account Name				
BSB	Account Number			

The name of your nominated bank account must be the same as the Investor's name.

6. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

In order to comply with the US Foreign Tax Compliance ACT (FATCA) we are required to collect certain information about each investor's tax residency and tax classification.

If you are applying -

- i. As an Individual/Joint Investors/Sole Traders please complete section 6.1
- ii. As a Company, Trust/Superannuation Fund with Individual Trustee or Trust/Superannuation Fund with Corporate Trustee and the company or trust was established or incorporated in the US please complete section 6.2
- iii. As a Company, Trust/Superannuation Fund with Individual Trustee or Trust/Superannuation Fund with Corporate Trustee and the company or trust was established or incorporated in a jurisdiction other than the US please complete section 6.3 (and if directed 6.4 & 6.5)

6.1 INDIVIDUALS
Are you a US citizen or resident for tax purposes?
Yes If yes, provide your US Taxpayer Identification Number (TIN):
No No
Go to Section 7
6.2 US ENTITIES - US TRUST, US COMPANY OR US PARTNERSHIP
Provide the US Taxpayer Identification Number (TIN):
Confirm whether the trust, company or partnership is an exempt payee for US tax purposes?
Go to Section 7
6.3 NON US ENTITIES
(Please tick ONE box from the list below)
Regulated super fund (self-managed superannuation fund, APRA regulated super fund, government super fund or pooled superannuation trust) - Go to Section 7
Government entity - Go to Section 7
Registered co-operation - Go to Section 7
Association - Go to Section 7
Non-financial public company (public companies that are not financial institutions) - Go to Section 7
Financial institution or trust with a trustee that is a financial institution
Provide the Global Intermediary Identification Number (GIIN), if applicable:
If no GIIN is available, provide FATCA status:
Go to Section 7
Non-financial proprietary company - Go to Section 6.4
Partnership - Go to Section 6.4
Trust (including testamentary trust) - Go to Section 6.4
Charity - Go to Section 6.4
6.4 US CITIZENS OR RESIDENTS OF THE US FOR TAX PURPOSES
Are any of the partners, trust beneficiaries, trustees, beneficial owners of corporate trustees, settlors or beneficial owners US citizens or residents of the US for tax purposes?
Yes Go to Section 6.5
No Go to Section 7

6.5 US CITIZENS OR RESIDENTS OF THE US FOR TAX PURPOSES

MUST COMPLETE

Complete for each partner, beneficiary, trustee, beneficial owner of corporate trustees, settlor or beneficial owner. If required, provide additional details on a separate sheet.

US Person 1			
Given Names		Surname	
US TIN			
Residential Address (not a PO Box addre	ss)		
Suburb	State	Postcode	Country
US Person 2			
Given Names		Surname	
US TIN			
Residential Address (not a PO Box addre	ss)		
Suburb	State	Postcode	Country
US Person 3			
Given Names		Surname	
US TIN			
Residential Address (not a PO Box addre	ss)		
Suburb	State	Postcode	Country
7. PRIVACY			
Please tick the box if you consent to your broadly described in the Privacy stateme		n being used and d	lisclosed for marketing purposes as
I/we wish to receive information reg	garding future investn	nent opportunities	5.
You may change your election at any time	e by contacting the Is	ssuer.	
8. EMAIL COMMUNICATION	CONSENT		
		unications including	ing poviedie statements, via amail
Please tick the box below if you would lik		iunications, includi	ing periodic statements, via emaii.
I/we would like to receive all comm	unications via email.		
If the above box is not ticked all commun	ications will be posted	d to you.	

9. INVESTOR DECLARATION AND SIGNATURES

DECLARATION AND SIGNATURES

When you complete this Application Form you make the following declarations:

- · I/we have read and understood the IM to which this Application Form applies, including any supplemental information;
- I/we have received and accepted the offer to invest in Australia;
- The information provided in my/our Application Form is true, correct and complete in all respects;
- I/we agree to be bound by the provisions of the Constitutions governing the Fund I/we have applied for in Section 1.1 and the terms and conditions of the IM, each as amended from time to time;
- I/we acknowledge that none of the Issuer, their related entities, directors or officers have guaranteed or made any representation as to the performance or success of the Fund, or the repayment of capital from the Fund. Investments in the Fund are subject to various risks, including delays in repayment and loss of income or principal invested. Investments in the Fund are not deposits with or other liabilities of the Issuer or any of its related bodies corporate or associates;
- I/we acknowledge the Issuer reserves the right to reject any application or scale back an application in its absolute discretion;
- If applicable, after assessing my/our circumstances, I/we have obtained my/our own independent financial advice prior to investing in the Fund I/we have applied for in Section 1.1;
- If this Application Form is signed under Power of Attorney, each Attorney declares he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this Application Form);
- I am/we are over 18 years of age and I/we are eligible to hold units/investment in the Fund I/we have applied for in Section 1.1;
- I/we have all requisite power and authority to execute and perform the obligations under the IM and this Application Form:
- I/we acknowledge that application monies will be held in a trust account until invested in the Fund I/we have applied for in Section 1.1 or returned to me/us. Interest will not be paid to applicants in respect of their application monies regardless of whether their monies are returned;
- I/we have read the information on privacy and personal information contained in the IM and consent to my/our personal information being used and disclosed as set out in the IM;
- I/we acknowledge that the Issuer may deliver and make reports, statements and other communications available in electronic form, such as e-mail or by posting on a website;
- I/we indemnify the Issuer and each of its related bodies corporate, directors and other officers, shareholders, servants, employees, agents and permitted delegates (together, the **Indemnified Parties**) and to hold each of them harmless from and against any loss, damage, liability, cost or expense, including reasonable legal fees (collectively, a **Loss**) due to or arising out of a breach of representation, warranty, covenant or agreement by me/us contained in any document provided by me/us to the Issuer, its agents or other parties in connection with my/our investment in the Fund I/we have applied for in Section 1.1. The indemnification obligations provided herein survive the execution and delivery of this Application Form, any investigation at any time made by the Issuer and the issue and/or sale of the investment;
- To the extent permitted by law, I/we release each of the Indemnified Parties from all claims, actions, suits or demands whatsoever and howsoever arising that I/we may have against any Indemnified Party in connection with the IM or my/our investment;
- Other than as disclosed in this Application Form, no person or entity controlling, owning or otherwise holding an interest in me/us is a United States citizen or resident of the United States for taxation purposes (**US Person**);
- I/we will promptly notify the Issuer of any change to the information I/we have previously provided to the Issuer, including any changes which result in a person or entity controlling, owning or otherwise holding an interest in me/us who is a US Person;
- I/we consent to the Issuer disclosing any information it has in compliance with its obligations under the Inter-Governmental Agreement between the Government of Australia and the Government of the United States of America to improve International Tax Compliance and to implement FATCA and any related Australian law and guidance implementing the same (together, the IGA). This may include disclosing information to the Australian Taxation Office, who may in turn report that information to the US IRS;
- I/we acknowledge that the collection of my/our personal information may be required by the Financial Transaction Reports Act 1988, the Corporations Act 2001, the Income Tax Assessment Act 1936, the Income Tax Assessment Act 1997, the Taxation Administration Act 1953, the IGA (which for these purposes includes any related Australian law and guidance) and the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. Otherwise, the collection of information is not required by law, but I/we acknowledge that if I/we do not provide personal information, the Issuer may not allow me/us to invest in the Fund I/we have applied for in Section 1.1;
- I am/we are not aware and have no reason to suspect that the monies used to fund my/our investment in the Fund I/we
 have applied for in Section 1.1 have been or will be derived from or related to any money laundering, terrorism financing
 or similar or other activities illegal under applicable laws or regulations or otherwise prohibited under any international
 convention or agreement (AML/CTF Law);
- I/we will provide the Issuer with all additional information and assistance that the Issuer may request in order for the Issuer to comply with any AML/CTF Law and the IGA;
- I/we acknowledge that the Issuer may decide to delay or refuse any request or transaction, including by suspending the issue or redemption of investment in the Fund, if the Issuer is concerned that the request or transaction may breach any obligation of, or cause the Issuer to commit or participate in an offence, including under any AML/CTF Law.

Signature 1*	Signature 2*
Full Name	Full Name
Date	Date
Tick capacity (mandatory for companies):	Tick capacity (mandatory for companies):
Sole Director and Company Secretary	Sole Director and Company Secretary
Director	Director
Secretary	Secretary
Company Seal (if applicable)	

Post your original signed Application Form and original certified copies of your identification document(s) to:

Tyga Investment Australia Property Fund Unit Registry PO Box R1479

Royal Exchange NSW 1225

Please ensure that you have transferred your application monies or enclose a cheque for payment.

^{*}Joint applicants must both sign;

^{*}Company applications must be signed by two Directors, a Director and Secretary or the Sole Director and Secretary of the company, details of which appear in Section 3.1; or

^{*}For trust/superannuation fund applications each individual trustee must sign.

CERTIFYING A COPY OF AN ORIGINAL DOCUMENT

All documents must be provided in a certified copy format – in other words, a copy of the original document that has been certified by an eligible certifier.

A 'certified extract' means an extract that has been certified as a true copy of some of the information contained in a complete original document by one of the persons described below.

Please note that we require the copy which was actually signed by the certifier (i.e. the original penned signature of the certifier).

People who can certify documents or extracts are:

- 1. A lawyer, being a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described).
- 2. A judge of a court.
- 3. A magistrate.
- 4. A chief executive officer of a Commonwealth court.
- 5. A registrar or deputy registrar of a court.
- 6. A Justice of the Peace.
- 7. A notary public (for the purposes of the Statutory Declaration Regulations 1993).
- 8. A police officer.
- 9. An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public.
- 10. A permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public.
- 11. An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).
- 12. An officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the *Statutory Declaration Regulations 1993*).
- 13. A finance company officer with 2 or more continuous years of service with one or more financial companies (for the purposes of the *Statutory Declaration Regulations 1993*).
- 14. An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees.
- 15. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

POLITICALLY EXPOSED PERSONS (PEP)

To comply with AML/CTF laws, we require you to disclose whether you are, or have an association with, a Politically Exposed Person ('PEP'). A PEP is an individual who holds a prominent public position or function in a government body or an international organisation in Australia or overseas, such as a Head of State, or Head of a Country or Government, or a Government Minister, or equivalent senior politician. A PEP can also be an immediate family member of a person referred to above, including spouse, de facto partner, child, and a child's spouse or a parent. A close associate of a PEP, i.e. any individual who is known to have joint beneficial ownership of a legal arrangement or entity is also considered to be a PEP. Where you identify as, or have an association with, a PEP, we may request additional information from you.

BENEFICIAL OWNER

To comply with AML/CTF laws, we require you to disclose the Beneficial Owners. Beneficial Owner means an individual who ultimately owns or controls (directly or indirectly) the investor.

'Owns' means ownership (either directly or indirectly) of 25% or more of the investor.

'Controls' includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising and control through the capacity to determine decisions about financial and operating policies.

10. FINANCIAL ADVISER DETAILS AND CUSTOMER IDENTIFICATION DECLARATION

I confirm that I have completed an appropriate Customer Identification Procedure (CID) on this investor and/or the

Customer Identification Declaration (Financial Adviser to complete)

beneficial owners which meets the requirements of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act). Please select the relevant option below: I have attached the verification documents that were used to perform the CID for this investor and/or the beneficial owners; OR I have not attached the verification documents but will retain them in accordance with the AML/CTF Act and agree to provide them to the Issuer or its agents with access to these documents upon request. I also agree that if I become unable to retain the verification documents used for this application in accordance with the requirements of the AML/CTF Act I will forward them to the Issuer. I agree to provide the Issuer or its agents with any other information that they may require to support this Application. Financial Adviser Name (if a new adviser, please attach a copy of your employee/representative authority) **Business Name** Adviser Number (if applicable) Street Address Suburb State Postcode Country Postal Address Suburb State Postcode Country Mobile Number Office Telephone Fax Number Email

DEALER DETAILS Dealer Name Dealer Number (if applicable) Contact Person AFSL Number ABN Postal Address Suburb State Postcode Country Office Telephone Fax Number Email Dealer Stamp Signature of Financial Adviser Date

Financial Adviser Access to Investor Information (Investor to complete)

Please tick the box below if you wish your financial adviser to have access to information and/or to receive copies of all transaction confirmations. If no election is made, access to information and/or copies of transaction confirmations will not be provided to your financial adviser.

Please provide access to information and send copies of all transaction confirmations to my/our financial adviser.

You may change your election at any time by contacting the Issuer.

The following form is for the use of Applicants only who are investing less than AUD \$500,000

ACCOUNTANT'S CERTIFICATE THAT CLIENT IS WHOLESALE UNDER SECTION 761G(7) OF THE CORPORATIONS ACT

To:	One AR Pty Ltd Level 11, 20 Hunter Street SYDNEY NSW 2000
l,	
Of	
Cei	tify as follows:
1.	I am a qualified accountant for the purposes of the Corporations Act, being a member of the Institute of Chartered Accountants in Australia/Australian Society of Certified Practicing Accountants/National Institute of Accountants and am subject to, and comply with, that body's continuing education requirements.
2.	I am giving this certificate in accordance with section 761G(7)(c) of the Corporations Act at the request of, and with reference to,
	(Investor) and acknowledge that this certificate will be relied upon to make offers of financial products to the Investor without disclosure under Part 7.9 of the Corporations Act.
3.	I certify that, having reviewed the financial position of the Investor:
	(a) the Investor has net assets of at least A\$2.5 million; or
	(b) the Investor had a gross income for each of the last two financial years of at least A\$250,000 a year.
Sig	nature
Pri	nt name
Dat	red

Notes

The certificate should be:

- 1. Provided before any offer is made; and
- 2. Given no earlier than two years before the offer is made.

ADDITIONAL INVESTMENT FORM - TYGA INVESTMENT AUSTRALIA PROPERTY FUND

Additional Investment Form For Existing Investors

Please use this form if you are already an investor in the Fund and wish to make an additional investment. New investors should go to page 2 of the Application Form.

INVESTOR DETAILS	
Number	Name
Company/Fund/Super Fund Name	
ADDITIONAL INVESTMENT DETAILS	
ADDITIONAL INVESTMENT DETAILS Please tick the box beside your chosen payment method	
Cheque Made payable to: One AR Pty Ltd - Applications Ac Amount: AUD Electronic Funds Transfer or Direct Deposit Bank: St. George Reference: "Investor surname/company or trust nar Account Name: One AR Pty Ltd - Applications Acc BSB: 332 127 Account number: 554 104 733 Amount: AUD Date of Transfer Reference Used	me" (as applicable)
INVESTOR CONFIRMATION	
Signature 1*	Signature 2*
Full Name	Full Name
Tick capacity (mandatory for companies): Sole Director and Company Secretary Director Secretary Company Seal (if applicable)	Tick capacity (mandatory for companies): Sole Director and Company Secretary Director Secretary

^{*}Joint applicants must both sign;

^{*}Company applications must be signed by two Directors, a Director and Secretary or the Sole Director and Secretary of the company; or

^{*}For trust/superannuation fund applications each individual trustee must sign.