**THINCATS AUSTRALIA PTY LTD - MEMBERSHIP APPLICATION NOTES**

**A reference to TCA is (unless otherwise defined) a reference to ThinCats Australia Pty Ltd (ACN 169 752 747)**

**Please complete the applicable sections of the attached application form and obtain the required supporting documents referred below:**

*SECTION 1 - INDIVIDUAL or SECTION 2 – COMPANY or SECTION 3 – TRUST / SMSF*

*SECTION 4 to be completed by ALL APPLICANTS*

*A separate application form with supporting documents should be completed if you wish to apply in the name of more than one entity. A separate TCA platform login will also be required for each entity.*

If you need any assistance in completing the form, please call +61 404 891 479 or email admin@thincats.com.au.

**The completed and signed application form (2 pages) and supporting documents may be emailed to** **admin@thincats.com.au** **or uploaded on the platform (login and click “My Account”).**

***SUPPORTING DOCUMENTS FOR AUSTRALIAN RESIDENT APPLICANTS***

**1) An Accountant’s Certificate to confirm “wholesale investor” status.**

ThinCats Australia currently holds a licence for wholesale investors only, to become members and lend on our platform. Essentially, to be considered a ‘wholesale investor’ the Australian Corporations Act and Regulations requires an investor to have:

1) aggregate net assets of at least A$2.5 million; OR 2) aggregate gross income for each of the last two financial years of at least A$250,000 a year.

An Accountant’s Certificate **(refer attached template)** should be completed and signed by a qualified accountant and issued within the last two years of the date of signing the application form.

* For an Individual, the certificate is required in respect of the individual applying to be a member (or both individuals for joint applicants);
* For a Trustee, the certificate is required in respect of the trustee applying to be a member;
* For a Company, the certificate is required in respect of the company applying to be a member.

Further information can be obtained from your Accountant or the ASIC [**website**](http://www.asic.gov.au/regulatory-resources/financial-services/financial-product-disclosure/certificates-issued-by-a-qualified-accountant/)**.**

*You do not need an Accountant’s Certificate if you are considered a “professional investor” (under* [*section 9*](http://www.austlii.edu.au/au/legis/cth/consol_act/ca2001172/s9.html) *of the Corporations Act), which includes AFSL Licencees. Instead of the Accountant’s Certificate, you may provide a brief statement on your letterhead stating you are a professional investor based on your AFSL licence or other section 9 criteria that you satisfy, in accordance with* [*S761G(7)(d)*](http://www.austlii.edu.au/au/legis/cth/consol_act/ca2001172/s761g.html) *of the Corporations Act 2001.*

*If you do not qualify as a wholesale investor but you are an experienced finance professional, do let us know and we could consider alternatives.*

***SUPPORTING DOCUMENTS FOR OVERSEAS APPLICANTS***

1. An Accountant’s Certificate;
2. A copy of a bank statement (for the Individual or Company/Trust as applicable) issued in the last 3 months, to verify the bank account details provided on the application form; and

Individual - a certified copy of a foreign passport or drivers licence containing a photograph and signature of the individual; or

Company/Trust - a certified copy of the Certificate of Incorporation or equivalent document and a certified copy of a foreign passport or drivers licence containing a photograph and signature of the Director/Trustee (Contact Person) of the company/trust applying to be a member;

**Overseas Applicants** should also refer to the document **“Process for Non-Resident Applicants”** on the TCA [website](https://www.thincats.com.au/resources/) under Resources.

**THINCATS AUSTRALIA PTY LTD - MEMBER APPLICATION FORM**

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| ***SECTION 1 – INDIVIDUAL or JOINT APPLICANT*** |
| **INDIVIDUAL 1** |
| Given Names |  |
| Surname |  |
| Date of Birth (dd/mm/yyyy) |  |
| Tax File Number (Australian residents only) |  |
| Phone no. |  |
| Residential Address (PO Box not accepted) |  |
| **INDIVIDUAL 2 (for joint applicants)** |
| Given Names |  |
| Surname |  |
| Date of Birth (dd/mm/yyyy) |  |
| Tax File Number (Australian residents only) |  |
| Phone no. |  |
| Residential Address (PO Box not accepted) |  |
| **BANK ACCOUNT DETAILS****(***to enable TCA to transfer funds to you when you request withdrawals from your TCA account)* |
| Account Name |  |
| Bank Name |  |
| BSB |  |
| Account no. |  |
| Additional details for overseas Bank accounts (e.g. address, sort code etc.) |  |
| **CONTACT PERSON** |
| If a joint applicant, please tick one box to indicate which of the individuals has the authority to operate the member account on behalf of the joint applicant. We will also send all correspondence to that individual.**Individual 1 or Individual 2** |

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| ***SECTION 2 – COMPANY APPLICANT*** |
| Full name of Company |  |
| ABN |  |
| Registered Office Address(PO Box not accepted) |  |
| Principal Place of Business Address (PO Box not accepted) |  |
| Tax File Number (Australian companies only) |  |
| **DIRECTOR 1**  |
| Given Names |  |
| Surname |  |
| Date of Birth (dd/mm/yyyy) |  |
| Residential Address(PO Box not accepted) |  |
| Phone no. |  |
| **DIRECTOR 2** |
| Given Names |  |
| Surname |  |
| Date of Birth (dd/mm/yyyy) |  |
| Residential Address(PO Box not accepted) |  |
| Phone no. |  |
| Full Name and Residential Address of each Beneficial Owner **(**an individual who owns or controls more than 25% of the issued capital of the company through one or more shareholdings) **(for proprietary companies only)** |  |
| **BANK ACCOUNT DETAILS****(***to enable TCA to transfer funds to you when you request withdrawals from your TCA account)* |
| Account Name |  |
| Bank Name |  |
| BSB |  |
| Account no. |  |
| Additional details for overseas Bank accounts (e.g. address, sort code etc.) |  |
| **CONTACT PERSON** |
| Please tick one box to indicate which one of the 2 Directors has the authority to operate the member account on behalf of the company. We will also send all correspondence to that Director.**Director 1 or Director 2** |

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| ***SECTION 3 – TRUST / SMSF APPLICANT*** |
| Full Name of Trust |  |
| Type of Trust (e.g. SMSF, family or unit trust) |  |
| Tax File Number / ABN(Australian residents only) |  |  |
| Date of Trust Deed / Country of Establishment |  |  |
| The Full Names of all Beneficiaries |  |
| **TRUSTEE DETAILS – COMPANY OR INDIVIDUAL TRUSTEES** |
| Company Name |  |
| Registered Office Address (PO Box not accepted) |  |
| Principal Place of Business Address (PO Box not accepted) |  |
| **DIRECTOR 1 OF COMPANY TRUSTEE or INDIVIDUAL TRUSTEE 1** |
| Given names |  |
| Surname |  |
| Date of Birth (dd/mm/yyyy) |  |
| Residential Address (PO Box not accepted) |  |
| Phone no. |  |
| **DIRECTOR 2 OF COMPANY TRUSTEE or INDIVIDUAL TRUSTEE 2** |
| Given names |  |
| Surname |  |
| Date of Birth (dd/mm/yyyy) |  |
| Residential Address (PO Box not accepted) |  |
| Phone no. |  |
| Full Name and Residential Address of each Beneficial Owner **(**an individual who owns or controls more than 25% of the issued capital of the company through one or more shareholdings) **(for proprietary companies only)** |  |
| **BANK ACCOUNT DETAILS****(***to enable TCA to transfer funds to you when you request withdrawals from your TCA account)* |
| Account Name |  |
| Bank Name |  |
| BSB |  |
| Account no. |  |
| Additional details for overseas Bank accounts (e.g. address, sort code etc.) |  |
| **CONTACT PERSON** |
| Please tick one box to indicate the person (from those listed in this Section 3) who has the authority to operate the member account on behalf of the Trust. We will also send all correspondence to that person.**Director/Trustee 1 or Director/Trustee 2** |

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| ***SECTION 4 - acknowledgements and exECUTION*** |

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By signing this form and returning it to TCA whether by post or in electronic form, you (including if the individual is acting as trustee) or in the case of a Company (including if acting as trustee), the directors of the Company) **(the Applicant)**:

1. acknowledge and agree that the person listed as a “Contact Person” in this application form has the authority to operate the member account on behalf the relevant applicant and is the person to whom TCA will send all correspondence to. TCA will also send the username and the password to the Contact Person only. TCA will not be liable to you whatsoever for any loss or damages arising as a result of the Contact Person operating the member account on your behalf;
2. declare that the information provided in this form and supporting documents are true, correct, complete, accurate and up to date;
3. acknowledge that you (they) have read and understood the Membership Agreement and agree to be bound by it and restate the acknowledgements in it;
4. apply for a member account on the terms of the Membership Agreement and agree that a member account will be established for you (or the Company, as applicable) if accepted by TCA;
5. acknowledge that TCA may request further information from you (them) from time to time to comply with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Commonwealth) and related regulations (**AML/CTF Laws**) and any other regulatory obligations. You (they) agree to provide us with all additional information and assistance that we reasonably require to comply with the AML/CTF Laws and any other regulatory obligations (not limited to the AML/CTF Laws);
6. acknowledge that you (they) are not a politically exposed person or organisation as the term is used in the AML/CTF Laws;
7. agree that you (they) will not knowingly do anything to put TCA in breach of any laws or regulations. You (they) agree to notify TCA if you (they) are aware of anything that would put TCA in breach of AML/CTF Laws;
8. consent to TCA disclosing or using in connection with TCA’s Privacy Policy your (their) personal information that TCA has collected;
9. consent to receiving electronic communications from TCA to the email address specified in this application form;
10. acknowledge that in certain circumstances TCA may be obliged to freeze or block your (or the Company’s) account where it is used in connection with illegal activities or suspected illegal activities as determined by TCA and that TCA is not liable to you (they) for any consequences or losses whatsoever and you (they) agree to indemnify TCA if it is found liable to a third party in connection with the freezing or blocking of your (or the Company’s) account;
11. acknowledge that TCA retains the right to refuse membership without providing any reason whatever for our decision;
12. understand that TCA is not liable to you for any loss incurred by you as a result of any action which delays your member account being opened or results in your application being declined or refused;
13. agree that if this application is for a joint application, each individual agrees that they are both jointly and severally liable to TCA for any of their obligations under the Membership Agreement; and
14. confirm that it is not illegal for me (us) to become a member in my/our residing country.

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| *If you have been referred to ThinCats, please advise the name of the person/entity; if not, please advise how you heard of us:* |
| **Execution by Individual Applicant:** |  |  |  |
|  |  |  |  |  |
|   |  |  |  |   |
| Signature of Individual 1 |  | Name of Individual 1 |  | Date |
|   |  |  |  |   |
|  |  |  |  |  |
| Signature of Individual 2 |   | Name of Individual 2 |   | Date |
| **Execution by Company Applicant:** |  |  |  |
|   |  |  |  |   |
|   |  |  |  |   |
| Signature of Director 1 |  | Name of Director 1 |  | Date |
|   |  |  |  |   |
|   |  |  |  |   |
| Signature of Director 2 |   | Name of Director 2 |   | Date |
| **Execution by Trustee Applicant – Company/Individual Trustee/s:** |   |   |
|   |  |  |  |   |
|   |  |  |  |   |
| Signature of Director/Trustee 1 |  | Name of Director/Trustee 1 |  | Date |
|   |  |  |  |   |
|   |  |  |  |   |
| Signature of Director/Trustee 2 or Company Secretary |   | Name of Director/Trustee 2 or Company Secretary |   | Date |

**WHOLESALE CLIENT - ACCOUNTANT’S CERTIFICATE**

CERTIFICATE ISSUED FOR SECTIONS 708(8) OF CHAPTER 6 AND SECTIONS 761G(4) AND 761G(7) OF CHAPTER 7 OF THE CORPORATIONS ACT 2001

For further information, please click [**link**](http://www.asic.gov.au/regulatory-resources/financial-services/financial-product-disclosure/certificates-issued-by-a-qualified-accountant/) to ASIC website.

***Double click in Boxes below to add Text***

Name of accountant and name of accountant’s firm

Name of accountant’s professional body

 Membership designation and number (if applicable)

Firm’s postal address:

Phone:

Email:

1. I am a qualified accountant for the purposes of the Corporations Act, being a member of the professional body approved by ASIC and I comply with that body’s professional education requirements.

2. I am giving this certificate in accordance with section 761G(4), section 761G(7), sections 708(8)(c) and 708(9B) of the Corporations Act at the request of and with the consent of:

name of Controller (if any) (**Controller**) of the

 following:

name of applicant #1 (an **Investor**); and

name of applicant #2 (if applicable) (an **Investor**)

3. I certify that, having reviewed the financial position of the Controller (if any) and Investor(s), including companies or trusts controlled by the Controller (within section 50AA of the Corporations Act) the Investor\*/Controller\* has:

[ ]  aggregate net assets of at least $2.5 million.

OR

[ ]  aggregate gross income for each of the last two financial years of at least $250,000 a year.

Signature of accountant Date

\*Delete as applicable and initial the deletion