

WEBSTER DOLILTA FINANCE LTD

ABN 49 004 664 322



INVESTMENT APPLICATION FORM

PROSPECTUS No. 21

I/We apply for Notes of Webster Dolilta Finance Limited ACN 004 664 322 as detailed below on the terms and conditions contained in Prospectus 21 dated 13th November 2018 and on this application form.

I/We declare that all statements made by me/us are complete and accurate and agree to be bound by the provisions of the Trust Deed dated 17 December 1999 as amended from time to time.

This Application Form must not be issued to any person unless accompanied by the Prospectus to which it relates. No Notes will be issued on the basis of the Prospectus after the expiry date of 12th December 2019.

PERSONAL DETAILS (Surname and given Names)

APPLICANT 1 Mr/Mrs/Miss/Ms	Date of Birth / /
APPLICANT 2 Mr/Mrs/Miss/Ms	Date of Birth / /
COMPANY NAME	ABN
ADDRESS AND POSTCODE	
CONTACT NAME & PHONE NUMBER	
EMAIL ADDRESS	

INVESTMENT DETAILS

TERM	INTEREST RATE % p.a	AMOUNT INVESTED (\$)	INTEREST FREQUENCY
36 months	%		
24 months	%		
12 months	%		
9 months	%		
6 months	%		
3 months	%		
31 Day Notice	%		

Interest rates and terms may be varied by Webster Dolilta Finance Limited at any time. Variations will only apply to applications lodged on or after the date of variation. 31 Day Notice interest rates may be varied at any time without notice to depositors. Applicants are advised to confirm with Webster Dolilta Finance Limited that the Application Form is still current prior to completion. If the interest rate or investment period specified on any Application made by an Investor is out of date, application monies may be refunded on the terms set out in the Prospectus.

Interest is calculated daily and in the case of 31 Day Notice Notes is payable half yearly on the 15th days of May and November or on maturity of the investment. Interest on 3 month Notes is payable on maturity, and on all other term deposits interest is paid quarterly or on maturity of the investment as selected by you.



INTEREST IS TO BE PAID BY:

- Reinvestment in the same account (compounding)
- Credit to bank account: Account Name _____
BSB _____ A/C _____
- Other (please specify) _____

If no selection is made, interest will be reinvested.

TAX FILE NUMBERS

I/We authorise for this/these Tax File Number(s) or Exemptions to be applied to my/our investments and any subsequent investments in my/our name. Please choose one of the following options and complete the details as shown.

A. I/We wish to quote my/our Tax File Number(s), or claim the Exemption shown below:

APPLICANT NAME	TAX FILE NUMBER	EXEMPTION
	/ /	
	/ /	

Please select the type of investment:

- “I” Investment held in one name only “J” Investment held in more than one name
- “C” Investment held by a company “P” Investment held by a partnership
- “T” Investment held in trust

B. I/We authorise Webster Dolilta Finance Limited to use my/our Tax File Number of Exemption already on file.

- C.** Please advise if you hold an overseas Tax File Number Yes No
 - If Yes please advise: (i) Tax File Number _____ (ii) Country _____

Collection of tax file numbers is authorised by tax laws and the Privacy Act and their use and disclosure are strictly regulated. Quotation is not compulsory but tax must be taken out of interest payments at the top personal marginal rate plus the Medicare Levy (currently 47% in aggregate) if you do not quote your file number or claim an exemption. Your tax file number will be applied automatically to all subsequent investments in your name unless you notify Webster Dolilta Finance limited at any time that you do not wish your tax file number to be applied to a particular investment. For more information about the use of tax file numbers or available exemptions, please contact the Australian Taxation Office.

PLEASE SELECT

- Any to sign Any two to sign All to sign

If no selection is made, all joint note holders must sign all notices, request or communications to the company. If you elect for any one to sign, the Company may receive and act upon a notice, request or communication signed by any one note holder.

SIGNATURE (S)

If the Applicant is less than 18 years, the Application Form must be signed by one of the Applicant’s parents or legal guardian.

APPLICANT (1)		Date / /
APPLICANT (2)		Date / /
COMPANY	Director Director / Secretary	Date / /

OFFICE USE ONLY					Identification Checked
Account No.	Operator	Source	Branch	Processor	