

1. ADDITIONAL APPLICATION FORM - DS CAPITAL GROWTH FUND

Investor Nan	ne .			
investor Nan	ne			
CONTACT DE	ETAILS			
Contact nam	e		Contact number	
AMOUNT OF	ADDITIONAL INVESTMI	FNT		
	te how much you wish to		\$	
			00.00 and the minimum addit	tional investment amount is \$5, the Fund.
PAYMENT DI	ETAILS			
Please tick the	e box to advise how your	r payment will be made:		
Cheque	e – Payable to: Apex Fun	d Services Pty Limited A	CF < DS Capital Growth Fund>	> Application A/C
Flectro	nic Funds Transfer (EFT)	to:		
	, ,			
Account Nam	·	s Pty Limited ACF < DS C	apital Growth Fund> Applicat	ion A/C
Account Bank				
BSB:	082 401			
Account num	ber: 31 243 2902			
IMPORTANT	:			
	ents must be accompanie account is properly credit		l to investorservices@apexgro	oup.com in order to ensure tha
DECLARATIO	N AND AUTHORISATION	N		
	sure you have completed			
the basis that		according to the terms	and conditions of the current	lge that this form is provided or IM and the Application Form fo
Signature		Name and title of Si	gnatory (block letters please)	Date
0.6			s. acc. y (2.000k letter o preude)	
Signature		Name and title of Sig	gnatory (block letters please)	Date
	AIL THIS FORM	Name and title of Sig	gnatory (block letters please)	Date
POST OR EM	IAIL THIS FORM	·	gnatory (block letters please)	Date
POST OR EM	al application form is to b	·	, , , , , , , , , , , , , , , , , , , ,	Date
POST OR EM	al application form is to b	oe mailed or emailed to: es Pty Ltd GPO Box 4968	, , , , , , , , , , , , , , , , , , , ,	Date