Additional Investment

Complete this form to make an additional investment.

PLEASE USE BLOCK LETTERS AND BLACK INK TO COMPLETE THIS APPLICATION FORM

PLEASE RETURN THIS FORM TO:
Vasco Fund Services Pty Limited
Level 4, 99 William Street
Melbourne VIC 3000

1. Fund details (must complete)

Fund (name) **Orsaro Global Fund**

2. Investor details (must be completed)

Investor number

Contact phone number(s)

Investor name

3. Investment details (must be completed)

Additional Investment Amount $, , .00

Cheque Instructions: Bank Cheques or drafts must be made payable to Orsaro Capital Pty Ltd ATF Orsaro Global Fund. Only cheques or drafts in Australian currency and drawn on an Australian bank will be accepted. Your cheque(s) should be crossed NOT NEGOTIABLE. Mail or deliver your completed Application Form with your cheque(s) to:

Vasco Fund Services Pty Limited
Level 4, 99 William Street
Melbourne, VIC, 3000
P +61 3 8352 7120 F +61 3 8352 7199 E info@vascofm.com

Direct Credit / EFT Instructions
Alternatively you can direct credit your application funds to:
Orsaro Capital Pty Ltd ATF Orsaro Global Fund
Macquarie Bank
BSB 182 512
Account number 969727007
SWIFT code - MACQAU2SXXX

Please note the applicants name when transferring the funds.

Please ensure all funds transferred are net of all bank charges.

4. Signatures (must be completed)

It is a condition of making additional investments that you obtain and read the current Information Memorandum (IM) or Product Disclosure Statement (PDS) for the Fund together with the other important information taken to form part of the IM or PDS, prior to making each and every investment in a Fund. From time to time, Orsaro Capital Pty Ltd (Orsaro) updates the IM or PDS. The latest version of these documents can be found on the Orsaro website at: **www.orsaro.com.au** or by contacting Vasco Fund Services Pty Limited on +61 3 8352 7120.

By signing this form, I/we:

- confirm that I/we are duly authorised to execute this instruction on behalf of the investor(s).
- confirm that I/we have obtained and read the most recent version of the relevant IM or PDS for the Fund.

Authorised signatory 1

Date / /

Surname

Given name(s)

Position (please select one) ☐ Investor ☐ Director ☐ Trustee ☐ Other:

Authorised signatory 2

Date / /

Surname

Given name(s)

Position (please select one) ☐ Investor ☐ Director ☐ Trustee ☐ Other:

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