

PLEASE SEND COMPLETED FORM TO:

By Post

PM Capital Limited
c/- Mainstream Fund Services
GPO Box 4968 Sydney NSW 2001

By Email:
pmcapital@pmcapital.com.au

Further Information:
T: +612 8243 0888
www.pmcapital.com.au



Additional Application Form

Please note this form can be completed electronically or printed. In both circumstances a written signature is required.

Only PM Capital investors who are making an additional Application into an existing holding in a PM Capital Fund may use this Additional Application Form. Please complete the Application Form attaching the current PM Capital Product Disclosure Statement (PDS) and New Zealand Investors Information Sheet (NZIIS) (if applicable) if you are:

- an existing PM Capital investor making an initial investment into a Fund in which you are not already invested, or;
- a new investor.

1. INVESTOR DETAILS

Investor number	
-----------------	--

Investor A – Individuals, Joint Investors or Trustees

Title		Given name(s)		Surname	
-------	--	---------------	--	---------	--

Investor B – Joint Investors or Trustees

Title		Given name(s)		Surname	
-------	--	---------------	--	---------	--

Company, Trusts and Superannuation Funds

Account name	
--------------	--

Primary Contact

Contact name	
--------------	--

Phone number	
--------------	--

2. ADDITIONAL APPLICATION DETAILS

FUND	APPLICATION AMOUNT
PM Capital Global Companies Fund	\$
PM Capital Asian Companies Fund	\$
PM Capital Australian Companies Fund	\$
PM Capital Enhanced Yield Fund	\$

Please indicate how this additional Application be made:

- Cheque Payable to 'PM Capital Limited – IFund Name' accompanied with the completed Application Form
- Electronic Funds Transfer Into each Funds' Application account detailed on page 54 of the PDS

3. DECLARATION AND SIGNATURES

I/We acknowledge that I/We have read and understood the current PDS and NZIIS and Warning Statement (if applicable) to which this additional Application relates to and I/We agree to be bound by the PDS and NZIIS and the relevant Constitution(s), each as amended from time to time. I/We declare that all the details provided on this Form are true and correct.

Signature	X	Signature	X
Name		Name	
Date		Date	
<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Sole Director <input type="checkbox"/> POA		<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Sole Director <input type="checkbox"/> POA	

Joint Applicants must both sign. Company Applications must be signed by either two Directors, a Director and Secretary or the Sole Director of the Company. If this Form is signed under a Power of Attorney it must be accompanied by a certified copy of the Power of Attorney.