# READY TO APPLY? – Easy how to guide below

There are THREE (3) parts to the Application to Invest. Please ensure you complete all THREE (3) parts as detailed below:

#### **PART ONE**

- 1. Please complete each section
- Have <u>all</u> persons associated with the investment entity <u>sign</u> at the bottom of page 3:

#### **PART TWO**

- 1. Please select what type of entity is making this Application to Invest, i.e.
  - Individual

Joint Individual

Trust

- Company
- Partnership
- 2. Complete only the Part Two section that corresponds to your particular investment entity

#### PART THREE

- 1. Refer to 'Are you a Wholesale Investor' diagram found at the rear of the Information Memorandum, to see which Investor Certificate you need to complete as part of your application to Invest.
- 2. If you are investing more than **\$750,000** upon acceptance of your application, you do <u>not</u> need an Investor Certificate for this investment:

#### Otherwise, you need to complete:

- Certificate A or
- Certificate B and Certificate C (confirming the contents of Certificate B)

# Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML Act)

To help the New Zealand government fight the funding of terrorism and money laundering activities, the law requires all financial institutions to obtain, verify and record information that identifies each person who completes an application to Invest. MyFarm is required to comply with these regulations.

What does this mean for you? We may ask for a range of identity or address verification documents as well as written evidence of the individuals who have effective control or who benefit from the investment entity, including in some cases, evidence of the initial and subsequent funding of the entity. We may ask to see the originals of some of this documentation or require you to obtain copies "certified" by a professional we trust. Please contact: Brett Delport (investments@myfarm.co.nz) or free phone 0800 693 276 to discuss any of these requirements.

# Bio-Verification of identity information

Current credit card, debit card or Eftpos card signed by you and issued by a registered New Zealand bank and a bank statement issued by a registered New Zealand bank dated, within the previous

12 months

Syndex Biometric Verification is MyFarm's primary tool to verify your identity This verification process is only available to NZ Passport or NZ Driver's Licence holders who reside in New Zealand. The Bio-verification process is done through an online link and is immediate, removing the need for certified documents.

If you do not complete this process the certified original copies of the following required documents must be provided.

## **Identification and Address Verification Requirements**

#### **OPTION TWO** Address verification: Copy of one of the following: Provide one of the following: Rates notice □ Current New Zealand Passport Utility bill (e.g. electricity or telephone account) Current international passport Bank Statement dated within the last New Zealand firearms license 3 months **OPTION THREE AND** Provide one of the following: □ New Zealand driver license **Bank documents:** Copy of one of the following: ☐ Bank Statement dated within the last □ International driver license 3 months Plus, one of: □ New Zealand birth certificate □ Deposit Slip □ Overseas birth certificate Note: The statement/deposit slip must match the □ New Zealand certificate of citizenship account details you provide in part one of the ☐ Citizenship certificate issued by a foreign Application Form. Government

# **APPLICATION FORM: Applicant Information & Signatures**

PART ONF

Only to be completed by persons investing no less than \$50,000 and who fall within Schedule 1, clause (3)(2)(a) -(c) or (3)(3)(a)-(b)(ii) (inclusive) of the Financial Markets Conduct Act 2013

AGInvest Trading Limited (trading as MyFarm Investments) ("MyFarm"), PO Box 91, Feilding To:

Re: CQUEST LIMITED PARTNERSHIP: This is an Offer to wholesale investors of Units representing partnership capital in CQuest Limited Partnership ("The Partnership", or "CQuest Fund"), a Limited Partnership formed to develop a portfolio of radiata pine forests to sequester carbon and produce timber products. The first property for the CQuest Fund is 465 hectares located at 185 Puketawa Road, Tiraumea in the lower North Island.

Please complete the form using block capital letters.

IMPORTANT: Please email completed form (Parts One, Two and Three) and supporting documentation to: investments@myfarm.co.nz. Once acknowledged please ensure the original of the emailed application and ALL required original/certified documentation is (as soon as possible) to be posted to: AGInvest Trading Limited, PO Box 91, Feilding, 4740, OR couriered to: AGInvest Trading Limited, Level 1, 8 Manchester Square, Feilding, New Zealand,

CONTACT DETA For all the corresp		regarding CQ	uest Limited	Partnersl	nip:										
Applicant Name					•										
Primary Contact	t (One Ind	ividual):													
nvestment Owr	ner/Entity	details:													
Postal Address:						Physical	al Address	(if diff	ferent fron	n Postal	):				
			Doctoodo								Doc	toodo			
			Postcode:								P08	stcode:			
Home Phone:						Mobile	Phone:								
Email (we must	have an e	mail for the r	nain contact)	:											
ie Unit price is ie deposit amou iday 8th October	unt 35% o	f total investn	nent (NZ \$0.3	35 per Un	it applied	d for) mu	st be paid i			lication r	o later	than th	ne initia	al close	e da
Number of Units	s applied f	or:				Total	Investmen	t:	\$						
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Account Number															
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Information for Account/IBAN Num Overseas Bank															
Accounts	IIK	Bank Accou	nt Name:												

Please note: Bank account details are to be for the same Owner/Entity as named in this Application to Invest.

#### 6. ANTI MONEY LAUNDERING (AML) AUTHORITY

I/We agree to co-operate with MyFarm and the Partnership in complying with any and all of their obligations relating to the AML and any corresponding regulations including, but not limited to, providing them with such further information that they may require in order to discharge their obligations under the AML. I/We consent to the disclosure of the information contained in this Application (and of any further information that may be required by MyFarm and/or the Partnership) to third parties for that purpose. MyFarm reserves the right to reject any Application without completed AML requirements.

7	<b>FINANCIAI</b>	MADKETS	CONDUCT	<b>ACT 2013</b>

The invest	ting ent	ity is (or is controlled by) an entity which (Tick ONE of the following):
а		is an "investment business" as defined in Schedule 1, cl 37 of the FMCA. Certificate A (1. i)
b		meets the investment criteria specified in Schedule 1, clause 38 of the FMCA. Certificate A (1. ii)
С		is "large" as defined in Schedule 1, clause 39 of the FMCA. Certificate A (1. iii)
d		is an "eligible investor" as defined in Schedule 1, clause 41 of the FMCA. Certificates B and C
OR		
The invest	ting ent	ity is:

e is investing a minimum of NZD \$750,000 upon acceptance in accordance with Schedule 1, clause 3(3)(b)(i) or (ii) of the FMCA. An Investor Certificate is not required.

If e above applies I/We confirm that I/We understand that -

- the usual legal rules that require information to be given to investors for offers of financial products do not apply if the amount invested upfront by me/us (plus any other investments I/we have already made in those financial products) is \$750,000 or more; and
- I/We may not receive a complete and balanced set of information about this investment; and
- I/We have fewer legal protections for this investment; and
- this investment is not suitable for retail investors; and
- I/We have been advised to ask questions, read all documents carefully, and seek independent financial advice.

Before any subscription can be considered for acceptance by CQuest LP in respect of this Offer, CQuest LP and MyFarm must be satisfied that the correct certificates forming part of the application have been completed.

#### 8. PLEASE READ THIS BEFORE SIGNING

#### I/We confirm that:

- a) I/We have received a copy of the updated CQuest Carbon and Forestation Fund Information Memorandum dated 14th September 2021.
- b) Investment decisions are very important, and it has been made clear to me/us that I/we am/are free to take such other professional advice as is necessary. I/We have been provided with all the relevant information required to make the investment decision and have taken any advice that is appropriate.
- c) I/We acknowledge and accept the Disclaimers and Declarations of Interest as set out in the CQuest Carbon and Forestation Fund IM.
- d) I/We accept that I/We must make full payment totalling NZ \$1.00 per Unit (100% of investment) as follows:
  - i. NZ \$0.35 per Unit (35% of investment) due upon application no later than 5pm on 8th October 2021.
  - ii. Remaining payment of \$0.65/Unit applied for (65%) due as further suitable properties are secured, or development activities that need to be funded, with 20 business days notice by General Partner.
- e) I/We confirm that the owner/entity, who takes up the investment, can make these payments as detailed above.
- f) I/We acknowledge and agree that the owner/entity will become bound as a Limited Partner under the Limited Partnership Agreement, as set out in the IM.
- g) The owner/entity undertakes to enter into a Deed of Adherence, whereby the owner/entity will become bound to the Limited Partnership Agreement.
- h) I/We acknowledge that the completed application once submitted to MyFarm, cannot be withdrawn without authorisation by MyFarm.
- i) I/We acknowledge that MyFarm reserves the right to accept any application and reject any application subject to its discretion.
- j) I/We accept that if the owner/entity does not make full payment by the due date advised they will be charged, and interest will accrue at 13% (or such greater rate as specified in any relevant contract for which the funds are required) on all outstanding funds from the due date until payment or otherwise.
- k) Under the terms of the Unsolicited Electronic Messages Act 2007, I/we provide my/our consent to receiving commercial electronic messages for the purpose of that
- I) I/We acknowledge that Sharp Tudhope does not act for the Investing owner/entity in connection with this investment.

#### 9. DECLARATION AND SIGNATURE - ALL APPLICANTS TO COMPLETE

- a) I/We hereby apply for the number of Units shown above and agree to accept such Units on and subject to the terms and conditions set out in the updated CQuest Carbon and Forestation Fund Information Memorandum dated 14th September 2021, and on the terms set out in the Application instructions.
- b) I/We understand that CQuest LP and MyFarm will hold personal information in respect of me/us in relation to my/our investment in CQuest LP. I/We understand that I/We may request to see and, if necessary, request the correction of the personal information.
- c) I/We declare that all the details and statements made by me/us in this Application Form are complete and accurate.

Signature of Applicant:	Date:
Signature of Applicant:	Date:

#### PLEASE HAVE ALL APPLICANTS SIGN ABOVE

If the Application is signed under Power of Attorney (POA), a copy and a Certificate of Non-Revocation of POA and must be provided to MyFarm and both the grantor and the attorney will be required to comply with AML regulations.

APPLICATIO	N FORM: E	intity/Ap	plicar	nt De	tails		PAF	RT T	WO
Individual Joint Individuals		Trust Compar	ny		Par	nership			
10. INDIVIDUAL									
EACH Applicant will need to i. For documentary verification process process is immediate re	ation MyFarm has adopt is only available to NZ I	Passport or NZ Dri	o-verification ver's Licence	process as e holders w	s our primary ident who reside in New	fication tool. Zealand. Th	e Bio-verificati	on	
If you are eligible for the address so we can for				above, p	lease ensure you	include you	ır mobile pho	ne numbe	r and email
Alternatively, if you do process will apply:	not have a NZ Driver's	s Licence and ho	ld a foreign	passport	OR if you are res	ident outsid	e of New Zea	land, the fo	ollowing
Personal Identification – a c	ertified copy is required	d of <b>one</b> of the follo	owing:						
Passport	OR NZ F	Firearms License		OR	NZ Driver's Lice	nse			
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Email *Required									
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Have you, or an immediate fa	mily member, held a publi	ic office position e.g	. dıplomat, hiç	gh level judi	cial or military or mi	nisterial posit	on?	Yes	No
If yes, please specify:									

# 11. JOINT INDIVIDUAL

I.	For documentary verifica This verification process removing the need for ce	tion MyFarm s only availa	ole to NZ P								Bio-verif	ication pro	ocess is	immediate
	If you are eligible for the address so we can forw	e Bio-verific	ation proce			nents ab	ove, pleas	e ensur	e you inclu	ide your	mobile	phone nu	ımber a	and email
	Alternatively, if you do process will apply:	not have a N	Z Driver's	Licence and	hold a for	eign pas	sport OR	if you a	re resident	outside (	of New	Zealand,	the fol	lowing
Pers	sonal Identification – a ce	rtified copy	is required	of <b>one</b> of the	following:									
	Passport	OR	NZ	Z Firearms Lic	ense		OR	NZ [	Oriver's Lice	nse				
	The Certifier must conf 1. The document is a 2. The person prese information.	a true copy o			rson reflec	eted in th	ne docume	ent. Ple	ase refer to	the 'Hov	v to App	oly' section	on for r	nore
ii.	Address Verification –			opy (dated wi				uired of o	one of the fo	ollowing:				
		■ IRI	) tax notice	or statement		,	_							
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		• A (	locument is	ssued by a NZ	Z Governme	ent agend	су							
	The supplied document r	nust state the	Applicant's	s name, curre	nt address	and be c	ertified wit	hin 3 mc	onths of rece	ipt of app	lication.			
iii.	IRD Details – a copy of Department automates													
V.	% Share Income to be We have been advised the returns that is to be attribe. This % and the IRD num is our recommendation yprovided to the syndicate.	nat each part uted to them. ber of EACH ou contact you accountant	y in a "Joint Applicant v our own Acc	t Individual" ov will be provided countant or Ta	d to the syr	ndicate a	ccountant	in order	to complete	the annu	al filing o	of the syn	dicate's	tax return. It
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# JOINT INDIVIDUAL CONTINUED:

Please complete an "Individual Details" box for EACH Applicant. Please fill out ALL areas and answer ALL questions.

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Legal FIRST Names(s)			Legal FAN	MILT NO	anie			
Date of Birth	Place of B	irth (Town	/City):	Cou	ntry of Birth:	New Zealand C	itizen? (Circle	one)
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					<b>a</b>			
Address: Flat/Apartme	nt No:				Street:			
RD/PO Box No./Suburb	:				Town/City:			
Postcode:					Country: (If not New Zealand)			
Phone (mobile) *Requir	<mark>ed</mark> :				Phone (home/work):			
If you hold dual Citizens	hip, please sp	ecify whic	h Countries	you hol	d Citizenship for:			
Politically Exposed Pe	rson (PEP) -	- PLEASE	COMPLETI	E			Circle	one
Have you, or an immediate	held a public	office position	e.g. diplo	omat, high level judicial or military or	ministerial position?	Yes	No	
If yes, please specify:								
ADDITION IN THE	15 ( 11							
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Email *Required  Address: Flat/Apartme	nt No:	irth (Town	/City):	Cou	Street:			
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Email *Required  Address: Flat/Apartme  RD/PO Box No./Suburb  Postcode:  Phone (mobile) *Required  If you hold dual Citizens  Politically Exposed Pe	nt No: : red: hip, please sp	pecify whic	h Countries	you hol	Street: Town/City: Country: (If not New Zealand) Phone (home/work):	Yes	N	

#### 12. TRUST

EACH Trustee will need to provide: For documentary verification MyFarm has adopted the Syndex Bio-verification process as our primary identification tool. This verification process is only available to NZ Passport or NZ Driver's Licence holders who reside in New Zealand. The Bio-verification process is immediate removing the need for certified documents. If you are eligible for the Bio-verification process as per the requirements above, please provide your mobile phone number and email address so we can forward the Syndex link. Alternatively, if you do not have a NZ Driver's Licence and hold a foreign passport OR if you are resident outside of New Zealand, the following process will apply: <u>Personal Identification</u> – a certified copy is required of one of the following: **Passport** OR NZ Firearms License OR NZ Driver's License The Certifier must confirm that: 1. The document is a true copy of the original, 2. The person presenting the document is the same person reflected in the document. Please refer to the 'How to Apply' section for more information. Address Verification – an original or certified copy (dated within the last 12 months) is required of one of the following: Utility (electricity, water, telephone, gas) statement IRD tax notice or statement Insurance policy document Bank statement from a registered bank A document issued by a NZ Government agency The supplied document must state the Applicant's name, current address and be certified within 3 months of receipt of application. Please provide the following documents for the Trust: Certified Copy of Trust Deed Copy of a **Trust bank statement** from a registered bank confirming the Trust bank account number. Certified Copy of Deed (s) of Retirement and/or Copy of a Trust IRD statement confirming the Trust IRD number Appointment of Trustee (s) (if applicable) Original or Certified Copy of verification of <u>Trust address</u> – i.e. a utility (telephone, electricity, rates) statement showing the Trust or Trustee(s) Name(s) and address, dated within the last 12 months and certified within 3 months of receipt of application. Letter (on letterhead) from the Trust Accountant or Lawyer confirming the Trust's "source of wealth or funds" – (section 23 of the AML/CFT Act 2009) - particularly: i. Identify the individuals who are the settlor(s), and the origin of the settlor's wealth. When the Trust performed its first transaction where did the funds come from in respect to that Transaction ii. iii. Identify the source of any income that the trust is receiving. The confirmation of the source of funds for this specific transaction. iv Please complete BOTH sections. "Trust Details" and a "Trustee Details" section for ALL Trustees including (if applicable) the Corporate Trustee. Please fill out ALL areas and answer ALL questions. **Trust Details: Trust Name** Trust IRD Number: \*Required Address: Flat/Apartment No: Street: RD/PO Box No./Suburb: Town/City: Postcode: Country: (If not New Zealand) Trust Accountant: (Name and Email address) **Trust Lawyer:** (Name and Email address) Trust Beneficiaries (Including all children and grandchildren at the time of application): Please state the Full Name and Date of Birth of ALL Beneficiaries – AML/CFT Act 2009 – \*Required Full Name – Use additional page if required Date of Birth

Trustee Details - Please complete Corporate Trustee Details on page 9 Please print extra of this page for additional individual Trustees as required.

TRUSTEE ONE – Individual Details							
Legal FIRST Names(s)	Legal FAMILY Name			IRD Number			
Date of Birth	Place of Birth (Town/City):	Country of	f Birth:	Are you a Ne	w Zealand	Citizen	?
				Circle one	Yes		No
Email *Required							
Address: Flat/Apartment No:			Street:				
RD/PO Box No./Suburb:			Town/City:				
Postcode:			Country (If r	not NZ):			
Phone (mobile) *Required:			Phone (hom	ne/work):			
If you hold dual Citizenship, please	specify which Countries you hold Cit	izenship for:					
Politically Exposed Person (PEP)						Cir	cle one
Have you, or an immediate family member	r, held a public office position e.g. diplomat,	high level judicia	al or military or m	inisterial position?		Yes	No
If yes, please specify:							
TRUSTEE TWO – Individual Details							
Legal FIRST Names(s)	Legal FAMILY Name			IRD Number	· · · · · · · · · · · · · · · · · · ·		
Date of Birth	Place of Birth (Town/City):	f Birth:	-		Zealand Citizen?		
				Circle one	Yes		No
Email *Required			Γ				
Address: Flat/Apartment No:			Street:				
RD/PO Box No./Suburb:			Town/City:				
Postcode:			Country (If r	•			
Phone (mobile) *Required:			Phone (hom	ne/work):			
* ' ' '	specify which Countries you hold Cit	izenship for:				-	
Politically Exposed Person (PEP)	- PLEASE COMPLETE  r, held a public office position e.g. diplomat,	high lovel judicie	al or military or m	inistorial position?		Cir Yes	cle one No
	, rieid a public office position e.g. diplomat,	Tilgit level judicia	al Of Hillitary Of Hi	iiriisteriai positiori?		165	INO
If yes, please specify:							
TRUSTEE THREE – Individual Details							
Legal FIRST Names(s)	Legal FAMILY Name			IRD Number	<u> </u>		
Date of Birth	Place of Birth (Town/City):	Country of	f Dirth:	Are you a Ne	yw 7oolond (	^itizon	2
Date of Biltin	Flace of Birth (Town/Olty).	Country of	i Dii (ii.	Circle one	Yes	SILIZEII	No
Email *Required				Officie offic	163		140
			Street:				
Address: Flat/Apartment No:  RD/PO Box No./Suburb:			Town/City:				
Postcode:			Country (If r	not NZ):			
Phone (mobile) *Required:	Phone (home/work):						
	L specify which Countries you hold Cit	izenship for:		,			
Politically Exposed Person (PEP)	<u> </u>					Cir	cle one
Have you, or an immediate family member	r, held a public office position e.g. diplomat,	high level judicia	al or military or m	inisterial position?		Yes	No
If yes, please specify:							

#### Corporate Trustee Details: Please print additional pages (or use page 10) for ALL Directors and >25% Shareholders **Corporate Trustee/Trustee Company Name** Company Number Country of incorporation: **Company IRD No:** New Zealand Australia (Circle if applicable) Other (please specify country of incorporation) Address: Flat/Apartment No: Street: RD/PO Box No./Suburb: Town/City: Postcode: Country (if not NZ) List the Directors of the Corporate Trustee who are to be recorded as the primary "Authorised Persons" for this Trust Legal FIRST Names(s) **Legal FAMILY Name Email Address** Please have ALL Directors and Shareholders who own >25% complete a Director/Shareholder Box (print extra pages as required) **DIRECTOR – Individual Details:** Legal FIRST Names(s) **Legal FAMILY Name** IRD Number Date of Birth Place of Birth (Town/City): Country of Birth: Are you a New Zealand Citizen? Circle one Yes No Email \*Required Address: Flat/Apartment No: Street: RD/PO Box No./Suburb: Town/City: Postcode: Country: (if not NZ) Phone (mobile) \*Required Phone (home/work) If you hold dual Citizenship, please specify which Countries you hold Citizenship for: Politically Exposed Person (PEP) - PLEASE COMPLETE Circle one Have you, or an immediate family member, held a public office position e.g. diplomat, high level judicial or military or ministerial position? Yes No If yes, please specify: DIRECTOR / >25% SHAREHOLDER - Individual Details: **Legal FAMILY Name** IRD Number Legal FIRST Names(s) Date of Birth Place of Birth (Town/City): Country of Birth: Are you a New Zealand Citizen? Circle one Yes No Email \*Required Address: Flat/Apartment No: Street: RD/PO Box No./Suburb: Town/City: Postcode: Country (if not NZ): Phone (mobile) \*Required: Phone: (home/work): If you hold dual Citizenship, please specify which Countries you hold Citizenship for: Politically Exposed Person (PEP) - PLEASE COMPLETE Circle one Have you, or an immediate family member, held a public office position e.g. diplomat, high level judicial or military or ministerial position? Yes No

If yes, please specify:

13. COMPANY EACH **DIRECTOR/>25% SHAREHOLDER** will need to provide: For documentary verification MyFarm has adopted the Syndex Bio-verification process as our primary identification tool. This verification process is only available to NZ Passport or NZ Driver's Licence holders who reside in New Zealand. The Bio-verification process is immediate removing the need for certified documents. If you are eligible for the Bio-verification process as per the requirements above, please provide your mobile phone number and email address so we can forward the Syndex link. Alternatively, if you do not have a NZ Driver's Licence and hold a foreign passport OR if you are resident outside of New Zealand, the following process will apply: <u>Personal Identification</u> – a certified copy is required of one of the following: **Passport** OR NZ Firearms License OR NZ Driver's License Address Verification – an original or certified copy (dated within the last 12 months) is required of one of the following: Utility (electricity, water, telephone, gas) statement IRD tax notice or statement Insurance policy document Bank statement from a registered bank A document issued by a NZ Government agency The supplied document must state the Applicant's name, current address and be certified within 3 months of receipt of application. Please provide the following documents for the Company: Original or Certified Copy of Company Address -Copy of a **Company IRD statement** confirming the i.e. a utility (electricity, rates) statement showing the Companies IRD number Company Name and address, dated within the last 12 months and certified within 3 months of receipt Copy of a **Company Bank statement** from a registered of application bank confirming the Company bank account number Copy of a Company Certificate of Incorporation If Requested Copy of Company Constitution and/or Incorporation documents Letter (on letterhead) from the Company Accountant or Lawyer confirming the Company's "source of wealth or funds" Complete BOTH sections - "Company Details" and a "Company Director or Shareholder Details" section for ALL Directors and Shareholders owning 25% or more of the Company (Beneficial Owners). Please fill out all areas and answer all questions.

Company Details:													
Company Name:				Con	npany	Numb	er						
Country of incorporation: (please circle if applicable)	New Zealand		Australia	Com	Company IRD No. *Requir					<mark>iired</mark>			
Other (please specify country of incorporation)													
Address: Flat/Apartment No:		Street											
RD/PO Box No./Suburb:		Town/City:											
Postcode:		Count	try (if not NZ):										
Company Accountant: (Name and I	Email address)												
Company Lawyer: (Name and Emai	l address)												
List ALL Company Directors plus ALL	Shareholders who own 2	5% or more	e of the Company.										
If any >25% Shareholder is a Trust	or Company, please con	nplete the	ir details in the re	equired se	ection								
Full Name - Use another page if required	1		Relationship to t	he Compa	any			F	Percen	itage F	leld		

Legal FIRST Names(s)	Details:		Legal FA	MILY Name	IF	RD Nun	nber					
Date of Birth	Place of B	irth (Town/	City):	Country of Birth:	A	re you	a Nev	v Zeal	and (	Citize	n?	
					(	Circle o	ne	Y	'es		Ν	lo
Email <b>*Required:</b>												
Address: Flat/Apartment No:				Street:								
RD/PO Box No./Suburb:				Town/City:								
Postcode:				Country (if not NZ):								
Phone (mobile) *Required:				Phone (home/work):								
If you hold dual Citizenship, ple	ease specify	which Coun	tries you ho	ld Citizenship for:								
Politically Exposed Person (	PEP) – PLE	ASE COMP	LETE							(	Circle	one
Have you, or an immediate family me	ember, held a p	oublic office po	osition e.g. dip	lomat, high level judicial or military	y or min	isterial po	osition?			Ye	es	No
If yes, please specify:												
DIRECTOR TWO – Individua Legal FIRST Names(s)	l Details:		Logal EA	MILY Name	10	RD Nur	nhor					
Legal FIRST Names(s)			LegairA	WILL Name	11	NU NUI	libei			Т		
Date of Birth	Diace of B	irth (Town/	City):	Country of Birth:	Δ	re you	a Nov	v 7eal	and (	Citiza	n2	
Date of Birtin	i lace of b	iitii (10wii/	Oity).	Country of Birth.		Circle o			es	O ILIZE		 lo
Email *Required:						011 010 01		Ι.				
Address: Flat/Apartment No:				Street:								
·				Town/City:								
RD/PO Box No./Suburb:				Country (if not NZ):								
Phone (mobile) *Required:				Phone (home/work):								
If you hold dual Citizenship, ple	anno anno ifu	which Coun	trion you ho	· '								
Politically Exposed Person (				ild Citizerisriip ior.							Circle	one
Have you, or an immediate family management				lomat, high level judicial or military	y or min	isterial po	osition?			Ye		No
If yes, please specify:			<u> </u>			•						
,,p,												
>25% SHAREHOLDER – Indi	vidual Deta	ils:										
Legal FIRST Names(s)			Legal FA	MILY Name	IF	RD Nun	nber					
Date of Birth	Place of B	irth (Town/	City):	Country of Birth:		re you				Citize	n?	
					(	Circle o	ne	Y	'es		N	10
Email *Required:						1						
Address: Flat/Apartment No:				Street:								
RD/PO Box No./Suburb:				Town/City:								
Postcode:				Country (if not NZ):								
Phone (mobile) *Required:				Phone (home/work):								
If you hold dual Citizenship, ple	•		•	ld Citizenship for:								
Politically Exposed Person (											Circle	T
Have you or an immediate family ma	ember, held a p	public office po	osition e.g. dip	lomat, high level judicial or military	y or min	isterial po	osition?			Ye	es	No
Trave you, or arrantmodate farmly m												

# 14. PARTNERSHIP

	۸	$\cap$ L	Dor	tnor	L dill	nood	l to n	rovide
п	Α١		ı Par	mer	WIII	need	1 () ()	)

This verification process	ovide: ation MyFarm has adopted the Syndex B s is only available to NZ Passport or NZ D s need for certified documents.				erification pro	cess is
ŭ	ne Bio-verification process as per the r	requirements above, please prov	vide your mol	oile phone nui	mber and er	nail address
Alternatively, if you do process will apply:	not have a NZ Driver's Licence and he	old a foreign passport OR if you	are resident	outside of Nev	w Zealand, t	he following
Personal Identification – a c	ertified copy is required of one of the fol	lowing:				
Passport	OR NZ Firearms License	OR NZ Driver's Lic	cense			
ii. Address Verification –	an original or <b>certified copy</b> (dated within Utility (electricity, water, telephone, s		f <b>one</b> of the fol	llowing:		
•	IRD tax notice or statement					
•	Insurance policy document					
•	Bank statement from a registered ba	ank				
•	A document issued by a NZ Govern	nment agency				
The supplied docu	ument must state the Applicant's name, co	urrent address and be certified with	nin 3 months o	f receipt of app	olication.	
Please provide the following	g documents for the Partnership:					
<ul> <li>Certified Copy of <u>Partnet</u></li> </ul>	ership Agreement	<ul> <li>Copy of a <u>Partnership B</u> confirming the Partnership</li> </ul>			ered bank	
	her <b>Deed (s) or Agreement(s)</b> other persons/entities to act on	<ul> <li>Original or Certified Copy utility (telephone, electricity Partner (s) Name (s) and months and certified within</li> </ul>	ty, rates) state address and b	ment showing one dated within	the Partners the last 12	
Complete BOTH sections –	ead) from the Partnership Accountant or L "Partnership Details" and a "Partner I he relevant sections of the application	Details" section for ALL Partners	s. If the Partne	ers are one or		
ALL areas and answer ALL		Tomi, i.e. Trust (s) (pages 0 – 0)	or Company (	(les) or (pages	5 5 – 10). FIC	ase IIII out
Partnership Details						
Partnership Name			Registra	ation Number	r	
Partnership Trading Name	e (if different)		IRD Nu	mber *Requi	<mark>ired</mark>	
Place of Registration	Circle ONE (if applicable)  New Zealand  Australia	Other (please specify country of registration)				
Address: Flat/Apartment N	No:	Street:				
RD/PO Box No./Suburb:		Town/City:				
Postcode:		Country (if not NZ):				
Partnership Accountant:	(Name and Email address)					
Partnership Lawyer: (Nar	me and Email address)					
List ALL Partners and the	eir percentage % ownership of the Pa	artnership				
If any >25% Partner is a	a Trust or Company, please compl	lete their details in the releval	nt section o	f this Applica	ation Form	
Full Name - Use another p	page if required				Perce	ntage Held

PARTNER ONE – Individual Deta	i <mark>ls:</mark>								
Legal FIRST Names(s)	Legal FAMILY Name		IRD N	RD Number					
Date of Birth	Place of Birth (Town/City):	Place of Birth (Town/City): Country of Birth:		Are y	you a New Zealand Citizen?		n?		
				Circ	cle one	Ye	s	N	lo
Email *Required:		-1						•	
Address: Flat/Apartment No:	artment No: Stree		Street:						
RD/PO Box No./Suburb:	Town/City:								
Postcode:	Country (if not N		t NZ):						
Phone (mobile) *Required	Phone (home/w			/work):					
f you hold dual Citizenship, please specify which Countries you hold Citizenship for:									
Politically Exposed Person (PEP) – PLEASE COMPLETE Circle C				ne					
Have you, or an immediate family men	ve you, or an immediate family member, held a public office position e.g. diplomat, high level judicial or military or ministerial position?			No					
If yes, please specify:									
PARTNER TWO – Individual Deta									
Legal FIRST Names(s)	Legal FAMILY Name			IRD	Number				
Date of Birth	Place of Birth (Town/City):	Country of	Birth:		you a New		d Citize		
			Circ	Circle one Yes			No		
Email *Required:									
Address: Flat/Apartment No:	Street:		Street:						
RD/PO Box No./Suburb:	Town		Town/City:	City:					
Postcode:			Country (if no	(if not NZ):					
Phone (mobile) *Required	Phone (home/wor		Phone (home/work):						
•	ase specify which Countries you hol	d Citizenship	for:						
Politically Exposed Person (PEP) – PLEASE COMPLETE Circle one									
	member, held a public office position e.g. diplomat, high level judicial or military or ministerial position?  Yes  No			No					
If yes, please specify:									
PARTNER THREE – Individual De			T						
Legal FIRST Names(s)	Legal FAMILY Name		IRD	) Number	<u> </u>	<del>                                     </del>		1	
D. ( (D'. ()	Di (D' (I /T /O'( )	0 1	(D) (I		7 1 1	0:::			
Date of Birth	Place of Birth (Town/City):	Country of	Birth: Are	_	w Zealand				
				Circle on	е	Yes	<b>i</b>	N	.0
Email *Required:									
Address: Flat/Apartment No:	Street:		et:						
RD/PO Box No./Suburb:	Town/City:		n/City:						
Postcode:	Country (if not NZ		ntry (if not NZ):						
Phone (mobile) *Required	Phone (home/work):								
If you hold dual Citizenship, plea	ase specify which Countries you hol	d Citizenship	for:						
Politically Exposed Person (PEP) – PLEASE COMPLETE					Circle one				
	member, held a public office position e.g. diplomat, high level judicial or military or ministerial position?			Yes	8	No			
If yes, please specify:									

#### PLEASE COMPLETE AN INVESTOR CERTIFICATE FOR EACH ENTITY

Please read the instructions below carefully to ensure that you provide all of the documentation required to meet the requirements of Schedule 1, clauses 3(2)(a) – (c) or (3)(3)(a)- (b)(ii) (inclusive) of the Financial Markets Conduct Act 2013 ("FMCA").

Before any subscription can be considered (as AGAINST received) for acceptance by MyFarm (the Offeror) in respect of the offer of Units in CQuest Limited Partnership, the investing party (and potentially their financial or legal adviser) will be required to complete one of the following Certificates:

Full details of the requirements for a "Wholesale Investor" and an "Eligible Investor" are more fully explained in the Information Memorandum.

Certificate A (1. i)	Certificate A (1. ii)	Certificate A (1. iii)		
An "Investment Business" Meets "Investment Criteria"		A "Large" Investor		
Schedule 1, Clause 3(2)(a) FMCA Act	Schedule 1, Clause 3(2)(b) FMCA Act	Schedule 1, Clause 3(2)(c) FMCA Act		
	<ul> <li>In the last 2 years owns a portfolio of "specified financial products" of \$1 m+</li> </ul>	a. In the last 2 years owned/controlled net assets of \$5 m+		
	<ul> <li>b. In the last 2 years carried out transactions to acquire \$1 m+ of "specified financial products"</li> <li>NB: Excludes Category 2 products</li> </ul>	b. In the last 2 years had turnover of \$5 m+		



### **CERTIFICATE B**

#### "Eligible Investor"

Schedule 1, Clause 3(3)(a)

Has experience in buying and selling financial products sufficient to assess:

- a. The merits and risks of the investment
- b. The information required to assess the investment
- c. The adequacy of the information provided by MyFarm



### **CERTIFICATE C**

- Completed by either:
  - Chartered accountant
  - Lawyer
  - Financial advisor
- Confirms the certification made in completed Certificate B
- Confirms the investor has been sufficiently advised of the consequences of completing Certificate B
- Confirms there is no reason to believe the contents of Certificate B are incorrect

If you have any doubts about your eligibility for this offer or the certificates required, please contact Brett Delport (investments@myfarm.co.nz).

- Please note: If you have invested with MyFarm within the last two years you may not need to provide a Wholesale Investor Certificate. Please contact MyFarm (investments@myfarm.co.nz) to confirm if the Wholesale Investor Certificate utilised for your most recent MyFarm investment is current and able to be used for CQuest Limited Partnership.
- For all new applicants MyFarm will require a valid Wholesale Investor certificate to be completed and approved.

# 14. CERTIFICATE A (1. i – iii inclusive) – WHOLESALE INVESTOR CERTIFICATE

This certificate is required to verify that the investor meets the respective eligibility requirements as a "Wholesale Investor" under Schedule 1, clause 3(2)(a) – (c) of the FMCA and accordingly confirm that neither MyFarm nor CQuest Limited Partnership are required to make disclosures in respect of this offer under Part 3 of the FMCA.

In relation to the offer by MyFarm of Units in <b>CQuest Limited Partnership</b> ("the financial product" on offer and "the transaction"), that:					
1) IWE,("the Investor")					
HEREBY CERTIFY THAT I am/we are a Wholesale Investor under Schedule 1, clause 3(2) of the FMCA of the following kind (tick one of the following):					
Sch.1, Clause 3(2)(a): <b>An "investment business"</b> as defined in Schedule 1, cl 37 of the FMCA					
Sch. 1, Clause 3(2)(b): I/We meet the investment criteria specified in Schedule 1, clause 38 of the FMCA					
ii. Sch. 1, Clause 3(2)(c): <b>A "large" investor</b> as defined in Schedule 1, clause 39 of the FMCA.					
Full definitions of each of the exclusions above can be found in the CQuest Carbon and Forestation Fund Information Memorandum.					
2) The grounds on which I/we claim that one of the above applies is (a brief description is mandatory):					
THIS SECTION MUST BE COMPLETED					
3) I/We do understand the consequences of certifying myself or ourselves to be a Wholesale Investor.					
Signed at:					
Signature:(the Investor)					
WARNING: The law normally requires people who offer financial products to give information to investors before they invest. This information is designed to help investors make an informed decision.					

If you are a wholesale investor, the usual rules do not apply to offers of financial products made to you. As a result, you may not receive a complete and balanced set of information. You will also have fewer other legal protections for these investments. Ask questions, read all documents carefully, and seek independent financial advice before committing yourself.

#### Offence

It is an offence to give a certificate knowing that it is false or misleading in a material particular. The offence has a penalty of a fine not exceeding \$50,000

# 15. CERTIFICATE B - ELIGIBLE INVESTOR CERTIFICATE

## This certificate requires the completion of Certificate C – Confirmation of Certification on the following page.

This Certificate and Confirmation (in the form of Certificate C on the following page) is required to verify that the investor meets the eligibility requirements as an "Eligible Investor" under Schedule 1, clause 3(3)(a) of the FMCA and accordingly confirm that neither MyFarm nor CQuest Limited Partnership are required to make disclosure in respect of this offer under Part 3 of the FMCA.

Full definitions of "Eligible investor" can be found in the CQuest Carbon and Forestation Fund Information Memorandum, including the financial products which qualify.

In relation to the transaction")	offer by MyFarm of Units in <b>CQues</b>	t Limited Partnership ("the Fina	ancial Product" on offer and "the			
I/We,_			("the Investor")			
CERTIFY THAT:			·			
1. I/We have	previous experience in acquiring or	disposing of financial products* th	at allows me/us to assess:			
a.	<ul> <li>The merits of the transaction, including assessing the value and the risks of the financial products involved;</li> <li>and</li> </ul>					
b.	My/Our own information needs in	relation to the transaction; and				
C.						
2. I/We do						
3. The grou	unds for this certification are (a brief	description is mandatory).	Š			
	CTION MUST BE COMPLETED					
	<u> </u>					
Signed at:	this	day of	2021.			
Signature:			(the Investor)			

### WARNING:

The law normally requires people who offer financial products to give information to investors before they invest. This information is designed to help investors make an informed decision.

If you are a wholesale investor, the usual rules do not apply to offers of financial products made to you. As a result, you may not receive a complete and balanced set of information. You will also have fewer other legal protections for these investments.

Ask questions, read all documents carefully, and seek independent financial advice before committing yourself.

#### Offence

It is an offence to give a certificate knowing that it is false or misleading in a material particular. The offence has a penalty of a fine not exceeding \$50,000.

**CERTIFICATE B WILL NOT BE ACCEPTED WITHOUT CERTIFICATE C** 

<sup>\*</sup>A debt or equity security, a managed investment product or a derivative.

# 16. CERTIFICATE C - CONFIRMATION OF CERTIFICATION

This certificate and confirmation is required to verify that the investor meets the eligibility requirements as an "Eligible Investor" under Schedule 1, clause 3(3)(a) of the FMCA and accordingly confirm that neither MyFarm Limited (as Offeror), nor CQUEST LIMITED PARTNERSHIP (as Issuer) are required to make disclosure in respect of this offer under Part 3 of the FMCA.

Please Note: by signing this Certificate C you are confirming that you have sighted the investor's information used in Certificate B and that you have advised the investor in respect of these certificates.

l,	as a financial advisor/ chartered accountant/ lawyer		
Certify that I have consideredgrounds for his/her/their certification and I:	("the Investor")		
Am satisfied that the Investor has been sufficiently advised of the satisfied that the Investor has been sufficiently advised of the satisfied that the Investor has been sufficiently advised of the satisfied that the Investor has been sufficiently advised of the satisfied that the Investor has been sufficiently advised of the satisfied that the Investor has been sufficiently advised of the satisfied that the Investor has been sufficiently advised of the satisfied that the Investor has been sufficiently advised of the satisfied that the Investor has been sufficiently advised of the satisfied that the Investor has been sufficiently advised of the satisfied that the Investor has been sufficiently advised of the satisfied that the certification is incorrect or the satisfied that t	-		
Signed at:this	day of2021.		
Signature:			
(Confirming Certifier: financial adviser/ chartered accountant/ lawyer) (please circle)			

#### **WARNING:**

The law normally requires people who offer financial products to give information to investors before they invest. This information is designed to help investors make an informed decision.

If you are a wholesale investor, the usual rules do not apply to offers of financial products made to you. As a result, you may not receive a complete and balanced set of information. You will also have fewer other legal protections for these investments.

Ask questions, read all documents carefully, and seek independent financial advice before committing yourself.

#### Offence

It is an offence to give a certificate knowing that it is false or misleading in a material particular. The offence has a penalty of a fine not exceeding \$50,000.