



PLEASE READ THIS BEFORE SIGNING

Terms and Conditions of Application

I/We herby apply for Secured Debenture Stock/Unsecured Deposit of Gold Band Finance Limited as set out on this Application Form upon the terms and conditions of the Trust Deed dated 30 June 1993, as amended, and as set out in the Investment Statement and the Registered Prospectus.

I/We acknowledge receipt of the Investment Statement prior to signing this Application Form.

I/We agree to accept the Secured Debenture Stock applied for or any lesser amount that may be allocated to me/us.

I/ We acknowledge that information about me/us will be held by Gold Band Finance Limited and that such information will be used to report details of my/our investment to me/us. I/We understand that the information is available to me/us on request and may be corrected by me/us. I /We will advise Gold Band Finance Limited of any changes to the information provided on this Application Form.

I/We agree that the information held by Gold Band Finance Limited may be used for the purpose of sending me/us information about Gold Band Finance or its subsidiaries and or investment products. (Please delete this section if you do not wish to receive such information)

I/We authorise Gold Band Finance Limited to disclose information held about me to my/our solicitor or financial adviser. (Please delete this section if you do not wish information to be disclosed to your financial advisers)

In the case of joint applicants, the joint applicants agree that, unless otherwise expressly indicated on this Application Form, the Secured Debenture Stock will be held jointly as joint tenants.

PLEASE COMPLETE THIS SECTION ONLY IF YOUR INVESTMENT APPLICATION IS MADE UNDER A POWER OF ATTORNEY

Certificate of Non-Revocation of Power Of Attorney

I .....

of .....

Certify

1. That as Attorney of .....

Under a deed dated .....

Day Month Year

Given to me by him / her / them / the Company.

2. That I have executed the application for Secured Debenture Stock/ Unsecured Deposit on the face hereof as Attorney under the said Power of Attorney and pursuant to the powers hereby conferred on me.

3. That at the date hereof I have not received any notice of information of revocation of the said Power of Attorney by death or otherwise.

Signed .....

.....  
Day Month Year

Signed .....