TWENTY MACLEAY STREET LIMITED

(ACN 000 224 340) 20 Macleay Street, Potts Point NSW2011

Form S

Application Form for Prospective Shareholders

Important note: The Directors of Twenty Macleay Street Limited will rely on information contained in this Application to reach a decision approving or rejecting the Application. Approval, where granted, is conditional on the information provided being complete and correct. Where the information provided below is incomplete or incorrect, the Board reserves its right to rescind any approvals given. The Board does not intend to use the information for any other purpose.

Shares relating to Unit No:

Applicant's Full Name (s):

If applicant is a company or other incorporated entity, names of directors, trustee or other responsible person:

Current Address (PO Box NOT acceptable):

| State: | Postcode: |
|--------|-----------|
| | |

Contact Numbers - Work: (__) _____ Mobile: _____ Home: _____

Email Address:

Are you over 18 years old? (the Company's Constitution does not permit share transfers to minors) Yes/No

Do you belong to any trade organization or professional association? (If yes, identify by name)

Are you a member of any community service organisations? (If yes, identify by name)

Have any legal proceedings been brought against you? (If yes, provide details)

Do you have any criminal convictions recorded against you? (If yes, provide details)

Have you ever been declared bankrupt, refused an application for credit or a passport? (If yes, provide details)

Name of current employer:

Position held:

Address of place of work or business:

Period of employment with current employer:

Name & contact number(s) for your Solicitor:

Address for levy notices & all Shareholder information:

I / we confirm that I / we have read, understand & agree to comply with the Constitution of Twenty Macleay Street Limited and all rules & regulations of the Company including the House Rules. I / we hereby give an undertaking to meet my obligations as a Shareholder of the Company and will ensure that all levies (including any special levies) will be paid promptly.

Signed (Applicant (s)):

Dated:

Board Decision (please circle): Approved / Declined

Signed (by Chair or delegate): _____ Date: _____

Names of Other Directors Present: