



ADDITION TO EXISTING INVESTMENT FORM

INVESTMENT DETAILS

Name of Investment:

Investment No:

Maturity Date:

Address:

ADDITIONAL DEPOSIT DETAILS

Additional Deposit Amount: \$

(Minimum of \$1,000 and multiples of \$1,000 thereafter)

Bank Account for
Income Distributions: BSB: —
(Compulsory)

Account No:

Account Name:

*Signature:

*Signature:

Date:

Date:

**Form must be signed by both investors if held in joint names (in accordance with original application)*

*** Digital signatures will not be accepted*

PLEASE RETURN THIS COMPLETED FORM TO

ANGAS PRIME
GPO BOX 2948
ADELAIDE SA 5001

OR

ANGAS PRIME
PO BOX 1602
SUBIACO WA 6904

Email: InvestorRelations@angasprime.com.au

INVESTOR SERVICE LINE 1800 010 800

ANGAS SECURITIES LIMITED | AFSL 232 479 | ABN 50 091 942 728

OFFICE USE ONLY

Bank Acc details verified verbally

Signature(s) checked

Data entered to system

Staff Initial

Date