Qualified Accountant's Certificate

Certificate under Section 761G(7)(c) of the Corporations Act

Re:_____(the 'Investor')
            (Insert Name and Address of Investor)

I certify that:

1. I am one of the following:

    a) A member of CPA Australia who is entitled to use the post-nominals 'CPA' or 'FCPA' and is subject to and complies with the Society's continuing professional education requirements; or
    b) A member of the Institute of Chartered Accountants in Australia and New Zealand who is entitled to use the post-nominals 'CA' or 'FCA' and is subject to and complies with the Institute's continuing professional education requirements; or
    c) A member of the Institute of Public Accountants in Australia who is entitled to use the post-nominals 'AIPA', 'MIPA', or 'FIPA' and is subject to and complies with the Institute's continuing professional education requirements; or
    d) A member of Eligible Foreign Professional Body.

You will satisfy the criteria for a qualified accountant if you are a member of one of the Eligible Foreign Professional Bodies listed below and you:
    - have at least three years' practical experience in accounting or auditing, and
    - are only providing a certificate for the purpose of Section 761G(7)(c) to a person who is a resident in the same country (other than Australia) as yourself.

Eligible Foreign Professional Bodies are:
    • The American Institute of Certified Public Accountants;
    • Association of Certified Chartered Accountants (United Kingdom);
    • Canadian Institute of Chartered Accountants;
    • The Institute of Chartered Accountants in England and Wales;
    • The Institute of Chartered Accountants in Ireland; and
    • The Institute of Chartered Accountants of Scotland

2. In accordance with the requirements of Section 761G(7)(c) of the Corporations Act, the Investor has either:
    a) net assets of at least $2.5 million; or
    b) gross income for each of the last two (2) financial years of at least $250,000 a year.

Name of Accountant & Firm_____

Address of Accountant _____
                                                    (Street No and Name)

_____
        (Suburb)   (State)   (Postcode)

Accountant Signature _____ Date:_____