QUALIFIED ACCOUNTANT'S CERTIFICATE

(Suburb)

Accountant Signature_

	(the 'Investor')
	(Insert Name and Address of Investor)
I c	ertify that:
1.	am one of the following:
a)	A member of the Australian Society of Certified Practicing Accountants who is entitled to use the post-nominals 'CPA' or 'FCPA' and is subject to and complies with the Society's continuing professional development requirements; or
b)	A member of the Institute of Chartered Accountants in Australia who is entitled to use the post- nominals 'ACA', 'CA' or 'FPNA' and is subject to and complies with the Institute's continuing professional education requirements; or
c)	A member of the National Institute of Chartered Accountants in Australia who is entitled to use th post-nominals 'MNIA', 'FNIA', 'PNA' or 'FPNA' and is subject to and complies with the Institute's continuing professional education requirements; or
d)	A member of Eligible Foreign Professional Body.
	u will satisfy the criteria for a qualified accountant if you are a member of one of the Eligible Foreign of social Bodies listed below and
Yo	u:
-	have at least three years' practical experience in accounting or auditing, and
-	are only providing a certificate for the purpose of s708(8)(c) and 761G9(7)(c) to a person who is a resident in the same country (other than Australia) as yourself
Eli	gible foreign professional bodies are:
•	The American Institute of Certified Public Accountants;
•	Association of Certified Chartered Accountants (United Kingdom);
•	Canadian Institute of Chartered Accountants;
•	Institute of Chartered Accountants New Zealand;
•	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.	n accordance with the requirements of Section 708(8)(c) and 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.
	me of Accountant & Firm

(Street No and Name)

_____Date:__

(State)



(Postcode)