

ACORN MICRO OPPORTUNITIES FUND

ADDITIONAL APPLICATION FORM



INVESTMENT DETAILS

Investor Number

Investor Name

Please indicate how much you wish to invest

SAUD

Please note the minimum initial investment amount is \$50,000.00 and the minimum additional investment amount is \$50,000.00. Please make payment net of all bank charges. Only net amount received will be invested in the Fund.

PAYMENT DETAILS

Please email this completed form to info@acorncapital.com.au. Upon acceptance of your application we will provide you with our EFT details. Please confirm the email address for us to send these to:

Contact Name

Contact email

SIGNATURES

Please make sure you have completed the section above.

- In signing, I/we authorise that these instructions be made on my/our behalf and acknowledge that this form is provided on the basis that the Trustee will affect it according to the terms and conditions of the current IM.

Signature

Name and title of Signatory
(block letters please)

Date

Signature

Name and title of Signatory
(block letters please)

Date

NOTE: No investment will be allocated to an investor until both funds, and a valid application form and identification documents (where applicable), have been received by the Trustee.