

VPEG4 DIVERSIFY.
GROW.
OUTPERFORM.

APPLICATION FORM

VPEG4 APPLICATION FORM. INFORMATION MEMORANDUM



This Application Form Deed Poll (**Application Form**) accompanies the Information Memorandum dated 20 July 2020 (IM) issued by Vantage Asset Management Pty Limited ACN 109 671 123 AFSL No. 279186 (**Vantage**) in its capacity as the general partner of Vantage Private Equity Management Partnership, LP (ILP No. L0000417A) (**General Partner**), which in turn acts in its capacity as general partner of Vantage Private Equity Growth 4, LP (ILP No. L0000529N) (**VPEG4**) (referred to as **Vantage Private Equity Growth 4** or the **Fund**). It is important that you read the IM in full and the acknowledgements contained in this Application Form before applying for Partnership Interests. Unless otherwise defined, capitalised terms used in this Application Form have the same meaning given to them in the IM.

If investing via a Financial Adviser

Please ensure both you and your financial adviser also complete Section 10 Financial Adviser Details and Customer Identification Declaration. You do not need to provide copies of your certified identification documentation with your Application Form if this information has been provided to your financial adviser, your financial adviser has elected to retain this information, and agreed to make it available upon request, under Section 10 of this Application Form.

PLEASE TICK ONE BOX BELOW AND COMPLETE THE RELEVANT SECTIONS OF THE APPLICATION FORM

Investor Type:	Complete Sections									
	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/> Individual/Joint Investors/Sole Traders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Trust/Superannuation Fund with Individual Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Trust/Superannuation Fund with Corporate Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

POST

Please post completed Application Forms and all supporting documentation to:

Vantage Private Equity Growth 4 Registry
PO Box R1479
ROYAL EXCHANGE NSW 1225

QUESTIONS

If none of the above categories are applicable to you, or you have other questions relating to this Application Form, please contact the registrar on **02 8188 1510**.

1 INVESTMENT DETAILS (Committed Capital)

DETAILS

1.1

I/WE APPLY TO INVEST IN THE VANTAGE PRIVATE EQUITY GROWTH 4

<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
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INITIAL INVESTMENT AMOUNT (AUD)

(Minimum initial application amount is \$500,000.00.)

Please tick the box beside your chosen payment method and complete the required details.

HOW YOUR INITIAL INVESTMENT AMOUNT WILL BE MADE?

CHEQUE

Made payable to:
ORS Applications Account – VPEG4

ELECTRONIC FUNDS TRANSFER OR DIRECT DEPOSIT

Bank: St. George BSB: 332-027 Account Number: 555 318 864
Reference: "Investor surname/company or trust name" (as applicable)
Account Name: ORS Applications Account – VPEG4

DATE OF
TRANSFER

REFERENCE
USED

SOURCE OF INVESTMENT FUNDS

Please identify the source of your investable assets or wealth:

Gainful employment Inheritance/gift Business activity Superannuation savings Financial Investments

OTHER - PLEASE SPECIFY

WHAT IS THE PURPOSE OF THIS INVESTMENT?

Savings Growth Income Retirement Business account

WHOLESALE CLIENT

1.2

I/We acknowledge that the offer of Partnership Interests issued by the Fund is a wholesale client offer and therefore:

- Does not require the giving of a product disclosure statement or prospectus under the Corporations Act;
- Does not require the giving of any other disclosure document that would require to be provided if the offer of Partnership Interests in the Fund was made to a 'retail client' as defined in the Corporations Act;
- The General Partner and Fund do not have any other obligation to me under Chapter 7 of the Corporations Act that the Trustee would otherwise have if the offer of Partnership Interests in the Fund was made to a 'retail client' as defined in the Corporations Act; and one of the following circumstances apply to me/us (please indicate):
 - I am/we are applying for Partnership Interests at a price, or for the value of at least \$500,000 under this Application Form.
 - I have/we have net asset of at least \$2.5 million, and I am/we are applying for Partnership Interests in the Fund for a purpose other than for use in connection with a business.
 - I have/we have a gross income for each of the last two financial years of at least \$250,000 per year, and I am/we are applying for Partnership Interests in the Fund for a purpose other than for use in connection with a business.
 - I am/we are a 'professional investor' as defined in the Corporations Act.*

If b) or c) applies, please ensure you have the Accountant's Certificate (See page 16) completed.

* If you consider yourself a 'professional investor' please contact the General Partner on the number provided in order to complete the appropriate forms.

2

INDIVIDUAL/JOINT INVESTORS/SOLE TRADERS/INDIVIDUAL TRUSTEES

INVESTOR DETAILS

2.1

Complete this section if you are investing in your own name, including as a sole trader.

INVESTOR 1

TITLE

GIVEN NAMES

SURNAME

DATE OF BIRTH

TAX FILE NUMBER OR EXEMPTION CODE

COUNTRY OF RESIDENCE FOR TAX PURPOSES (IF NOT AUSTRALIA)

RESIDENTIAL ADDRESS (NOT A PO BOX)

SUBURB

STATE

POSTCODE

COUNTRY

TELEPHONE

MOBILE

EMAIL*

* We encourage you to provide your email address so that you can receive a copy of all relevant reports)

INVESTOR 2 - ONLY APPLICABLE FOR JOINT INVESTORS

TITLE

GIVEN NAMES

SURNAME

DATE OF BIRTH

TAX FILE NUMBER OR EXEMPTION CODE

COUNTRY OF RESIDENCE FOR TAX PURPOSES (IF NOT AUSTRALIA)

RESIDENTIAL ADDRESS (NOT A PO BOX)

SUBURB

STATE

POSTCODE

COUNTRY

TELEPHONE

MOBILE

If there are more than two individuals please provide details and attach to this Application Form.

POLITICALLY EXPOSED PERSON (PEP)

Are any of the Investors a PEP? Please refer to page 14 if you are unsure what PEP means.

No

Yes (DESCRIPTION OF PEP'S POSITION)

ADDITIONAL INFORMATION FOR SOLE TRADERS - ONLY APPLICABLE IF APPLYING AS A SOLE TRADER

FULL BUSINESS NAME (IF ANY)

AUSTRALIAN BUSINESS NUMBER (IF OBTAINED)

ADDRESS OF PRINCIPAL PLACE OF BUSINESS (NOT A PO BOX)

SUBURB

STATE

POSTCODE

COUNTRY

IDENTIFICATION DOCUMENTS

2.2

To comply with Australia's Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) legislation, we must collect certain information from prospective investors and their beneficial owners supported by ORIGINAL CERTIFIED COPIES of relevant identification documents for all investors and their beneficial owners. Please refer to page 14 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

For each investor and beneficial owner, enclose an ORIGINAL CERTIFIED COPY of one of the following current documents.

- Driver's licence that contains a photograph of the licence/permit holder; or
- Passport that contains a photograph and signature of the passport holder.

If you do not have one of the above options, please contact the registrar for assistance.

3 COMPANY/CORPORATE TRUSTEE

COMPANY DETAILS

3.1

Complete this section if you are investing for, or on behalf of, a company.

FULL COMPANY NAME

COUNTRY OF FORMATION,
INCORPORATION OR REGISTRATION

COUNTRY OF RESIDENCE FOR
TAX PURPOSES (IF NOT IN AUSTRALIA)

ARBN
(IF REGISTERED WITH ASIC)

ACN/ABN
(IF REGISTERED IN AUSTRALIA)

TAX FILE NUMBER OR EXEMPTION
CODE (AUSTRALIAN RESIDENTS)

AFS LICENCE NUMBER
(IF APPLICABLE)

NAME OF REGULATOR (IF LICENSED BY AN AUSTRALIAN
COMMONWEALTH, STATE OR TERRITORY STATUTORY REGULATOR)

NAME OF TWO DIRECTORS & DATE OF BIRTH

DIRECTOR 1 - FULL NAME

DATE OF BIRTH

DIRECTOR 2 - FULL NAME

DATE OF BIRTH

REGISTERED BUSINESS ADDRESS IN AUSTRALIA OR IN COUNTRY OF FORMATION

SUBURB

STATE

POSTCODE

COUNTRY

PRINCIPAL PLACE OF BUSINESS (NOT A PO BOX ADDRESS)

SUBURB

STATE

POSTCODE

COUNTRY

IF AN AUSTRALIAN COMPANY, REGISTRATION STATUS WITH ASIC

Proprietary Company Public Company

IF A FOREIGN COMPANY, REGISTRATION STATUS WITH THE RELEVANT FOREIGN REGISTRATION BODY

Private/Proprietary Company Public Company Other (PLEASE SPECIFY)

NAME OF RELEVANT FOREIGN
REGISTRATION BODY

FOREIGN COMPANY
IDENTIFICATION NUMBER

IS THE COMPANY LISTED?

No Yes (NAME OF MARKET/STOCK EXCHANGE)

IS THE COMPANY A MAJORITY-OWNED SUBSIDIARY OF AN AUSTRALIAN LISTED COMPANY?

No Yes (NAME OF AUSTRALIAN LISTED COMPANY)

Yes (NAME OF MARKET/STOCK EXCHANGE)

IF THE COMPANY IS REGISTERED AS A PROPRIETARY COMPANY BY ASIC OR A PRIVATE COMPANY BY A FOREIGN REGISTRATION BODY

Please list the full name of each director of the company.

DIRECTOR 1

DIRECTOR 4

DIRECTOR 2

DIRECTOR 5

DIRECTOR 3

DIRECTOR 6

If there are more than six directors please provide their full names on a separate page and attach to this Initial Application Form.

POLITICALLY EXPOSED PERSON (PEP)

Are any of the company directors a PEP? Please refer to page 14 if you are unsure.

No Yes (DESCRIPTION OF PEP'S POSITION)

If the company is an Australian proprietary company or a foreign private company which is NOT regulated, please provide details for each Beneficial Owner having more than 25 per cent of the company's issued share capital. Please refer to page 14 if you are unsure as to what Beneficial Owner means.

BENEFICIAL OWNER 1

FULL NAME*

DATE OF BIRTH

RESIDENTIAL ADDRESS (NOT A PO BOX ADDRESS)

SUBURB

STATE

POSTCODE

COUNTRY

BENEFICIAL OWNER 2

FULL NAME*

DATE OF BIRTH

RESIDENTIAL ADDRESS (NOT A PO BOX ADDRESS)

SUBURB

STATE

POSTCODE

COUNTRY

BENEFICIAL OWNER 3

FULL NAME*		DATE OF BIRTH
RESIDENTIAL ADDRESS (NOT A PO BOX ADDRESS)		
SUBURB	STATE	POSTCODE
COUNTRY		

* If there are more than three beneficial owners, please provide additional beneficial owner details on a separate piece of paper and include it with this Application Form.

POLITICALLY EXPOSED PERSON (PEP)

Are any of the Beneficial Owners a PEP? Please refer to page 14 if you are unsure what PEP means.

<input type="checkbox"/> No	<input type="checkbox"/> Yes (DESCRIPTION OF PEP'S POSITION)
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CONTACT PERSON DETAILS (Financial Adviser details not accepted)

3.2

All investor communication will be sent here.

GIVEN NAMES	SURNAME	
POSTAL ADDRESS		
SUBURB	STATE	POSTCODE
COUNTRY		
TELEPHONE	MOBILE	

IDENTIFICATION DOCUMENTS

3.3

To comply with AML/CTF legislation, we must collect certain identification documents from prospective investors and their beneficial owners supported by ORIGINAL CERTIFIED COPIES of relevant identification documents for all investors and their beneficial owners.

Please refer to page 14 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment. Provide an ORIGINAL CERTIFIED COPY of one of the following documents.

Provide an ORIGINAL CERTIFIED COPY of one of the following documents.

- A certificate of registration or incorporation issued by ASIC or the relevant foreign registration body (must show full name of company, name of registration body, company identification number and type of company – private or public); or
- The most recent Company Statement issued by ASIC; and

Provide an ORIGINAL CERTIFIED COPY of a photographic identification document for each Officeholder who has signed the Application Form and Beneficial Owners identified in Section 3.1.

- Driver's licence that contains a photograph of the licence/permit holder; or
- Passport that contains a photograph and signature of the passport holder.

If you do not have one of the above options, please contact the registrar for assistance.

4

TRUST/SUPERANNUATION FUND

TRUST/FUND DETAILS

4.1

Complete this section if you are investing for, or on behalf of, a Trust/Superannuation Fund.

FULL NAME OF TRUST/ SUPERANNUATION FUND

COUNTRY OF ESTABLISHMENT

COUNTRY OF RESIDENCE FOR TAX PURPOSES

TAX FILE NUMBER OR EXEMPTION CODE

AUSTRALIAN BUSINESS NUMBER (IF ANY)

TYPE OF TRUST

Please tick ONE box from the list below to indicate the type of Trust and provide the required information.

TYPE A: Regulated Trust (e.g. Self-Managed Superannuation Fund)

NAME OF REGULATOR (E.G. ASIC, APRA, ATO)

REGISTRATION/LICENSING DETAILS

TYPE B: Government Superannuation Fund

NAME OF THE LEGISLATION ESTABLISHING THE FUND

TYPE C: Foreign Superannuation Fund

NAME OF REGULATOR

REGISTRATION/LICENSING DETAILS

Type D: Other Type of Trust/Unregulated Trust

TRUST DESCRIPTION (E.G. FAMILY, UNIT, CHARITABLE)

The material asset contribution to the trust by the settlor at the time the trust was established was less than \$10,000.00.

The settlor of the trust is deceased.

Neither of the above is correct. PROVIDE THE FULL NAME OF THE SETTLOR OF THE TRUST.

BENEFICIARY DETAILS (Only applicable for Type C & Type D Trusts)

4.2

DO THE TERMS OF THE TRUST IDENTIFY THE BENEFICIARIES BY REFERENCE TO A MEMBERSHIP OF A CLASS?

Yes DESCRIBE THE CLASS OF BENEFICIARIES BELOW (E.G. UNIT HOLDERS, FAMILY MEMBERS OF NAMED PERSON, CHARITABLE PURPOSES)

No PROVIDE THE FULL NAMES OF ALL COMPANY AND INDIVIDUAL BENEFICIARIES

BENEFICIAL OWNER 1

FULL NAME*

DATE OF BIRTH

RESIDENTIAL ADDRESS (NOT A PO BOX ADDRESS)

SUBURB

STATE

POSTCODE

COUNTRY

BENEFICIAL OWNER 2

FULL NAME*	DATE OF BIRTH	
RESIDENTIAL ADDRESS (NOT A PO BOX ADDRESS)		
SUBURB	STATE	POSTCODE
COUNTRY		

BENEFICIAL OWNER 3

FULL NAME*	DATE OF BIRTH	
RESIDENTIAL ADDRESS (NOT A PO BOX ADDRESS)		
SUBURB	STATE	POSTCODE
COUNTRY		

* If there are more than three beneficial owners, please provide additional beneficial owner details on a separate piece of paper and include it with this Application Form.

POLITICALLY EXPOSED PERSON (PEP)

Are any of the beneficiaries a PEP? Please refer to page 14 if you are unsure what PEP means.

<input type="checkbox"/> No	<input type="checkbox"/> Yes (DESCRIPTION OF PEP'S POSITION)
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TRUSTEE DETAILS

4.3

If a trustee is an individual, please complete Section 2. If a trustee is a company, please complete Section 3.

IDENTIFICATION DOCUMENTS

4.4

To comply with AML/CTF legislation, we must collect certain information from prospective investors and their beneficial owners supported by ORIGINAL CERTIFIED COPIES of relevant identification documents for all investors and their beneficial owners. Please refer to page 14 for details of how to arrange certified copies. Please provide all documents in the proper format otherwise we may not be able to process your application for investment.

Superannuation Funds/Trusts - Provide an ORIGINAL CERTIFIED COPY of one of the following documents.

- Certified copy or certified extract of the Trust Deed containing the cover page, recitals and signature page; or
- Reliable and independent documents relating to the trust.

AND relevant identification documents for the trustee as specified in Section 2 or 3 (as applicable).

5 COMMUNICATION CONSENT

Please tick the appropriate box regarding communication relating to your investment in the Fund.

- I/We would like to receive our periodic statements via mail.
- I/We consent to receiving our periodic statements via E-mail.

If no email address is provided all investment communications relating to your investment will be posted to you.

MY/OUR EMAIL DETAILS ARE AS FOLLOWS

EMAIL ADDRESS
EMAIL ADDRESS

6

PAYMENT INSTRUCTIONS DISTRIBUTIONS & WITHDRAWALS

Please indicate how you would like your distributions to be paid by ticking one box only. If this is a new investment and no nomination is made, distributions will be reinvested. A nomination in this section overrides any previous nominations. There may be periods in which no distribution is payable, or we may make interim distributions. We do not guarantee any particular level of distribution:

- Reinvest in the Cash Management Trust; or
- Pay to my/our account (Please provide your financial institution account details as per below).

FINANCIAL INSTITUTION ACCOUNT DETAILS (MUST BE AN AUSTRALIAN FINANCIAL INSTITUTION)

Please provide account details for the credit of withdrawals and credit of distributions. Unless requested otherwise, this will be the bank account we credit any withdrawal proceeds. By providing your nominated account details in this section you authorise the General Partner to use these details for all future transaction requests that you make until written notice is provided otherwise. For additional investments, a nomination in this section overrides any previous nominations.

BANK/INSTITUTION	BRANCH
ACCOUNT NAME	
BSB	ACCOUNT NUMBER

The name of your nominated bank account must be the same as the Investor's name.

7

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

INDIVIDUALS

7.1

ARE YOU A US CITIZEN OR RESIDENT FOR TAX PURPOSES?

- No - [Go to Section 8](#) Yes (PROVIDE YOUR US TAXPAYER IDENTIFICATION NUMBER (TIN):)

US ENTITIES – US TRUST, US COMPANY OR US PARTNERSHIP

7.2

PROVIDE THE US TAXPAYER IDENTIFICATION NUMBER (TIN):

Confirm whether the trust, company or partnership is an exempt payee for US tax purposes? No - [Go to Section 8](#) Yes

NON US ENTITIES

7.3

Please tick **ONE** box from the list below.

- Regulated super fund (self-managed superannuation fund, APRA regulated super fund, government super fund or pooled superannuation trust).
- Government entity
- Registered co-operation
- Non-financial public company (public companies that are not financial institutions).
- Financial institution or trust with a trustee that is a financial institution.

PROVIDE THE GLOBAL INTERMEDIARY
ID NUMBER (GIIN), IF APPLICABLE:

IF NO GIIN IS AVAILABLE,
PROVIDE FATCA STATUS:

- Non-financial propriety company.
- Partnership.
- Trust (including testamentary trust).
- Charity

Go to Section 8

Go to Section 7.4

Are any of the partners, trust beneficiaries, trustees, beneficial owners of corporate trustees, settlors or beneficial owners US citizens or residents of the US for tax purposes?

No - [Go to Section 8](#) Yes - [Go to Section 7.5](#)

••• MUST COMPLETE •••

Complete for each partner, beneficiary, trustee, beneficial owner of corporate trustees, settlor or beneficial owner. If required, provide additional details on a separate sheet.

US CITIZENS OR RESIDENTS OF THE US FOR TAX PURPOSES

7.5

US PERSON 1

GIVEN NAMES		DATE OF BIRTH
US TIN		
RESIDENTIAL ADDRESS (NOT A PO BOX ADDRESS)		
SUBURB	STATE	POSTCODE
COUNTRY		

US PERSON 2

GIVEN NAMES		DATE OF BIRTH
US TIN		
RESIDENTIAL ADDRESS (NOT A PO BOX ADDRESS)		
SUBURB	STATE	POSTCODE
COUNTRY		

US PERSON 3

GIVEN NAMES		DATE OF BIRTH
US TIN		
RESIDENTIAL ADDRESS (NOT A PO BOX ADDRESS)		
SUBURB	STATE	POSTCODE
COUNTRY		

Please tick the box if you consent to your personal information being used and disclosed for marketing purposes as broadly described in the Privacy statement in this IM.

I/We wish to receive information regarding future investment opportunities.

You may change your election at any time by contacting the General Partner.

DECLARATION & SIGNATURES

When you complete this Application form deed poll you make the following declarations:

- I/We have read and understood the Partnership Deed and Information Memorandum in relation to the Fund, and acknowledge that in the event of inconsistency between those documents, the terms of the former document will prevail;
- I/We agree to be bound by the provisions of the Partnership Deed, and to become a limited partner in the Partnership subject to the terms of the Partnership Deed;
- I/We am/are making these declarations (and any accompanying documents and representations) in favour of each of the entities named at the beginning of this application form deed poll;
- I/We acknowledge that where the Applicant is not a natural person, it is acting in accordance with its designated powers and authority under the constitution, trust deed or other constituent document (as applicable) of the Applicant.
- I/We confirm that I/We have the financial capacity to be an investor in the Fund for the term of the Fund, to provide evidence of my/our financial capacity to the General partner (when so requested) and bear associated risks and obligations.
- I/We understand and acknowledge that Interests in the Fund can only be transferred subject to the Partnership Deed, the *Corporations Act 2001* (Cth), the *Venture Capital Act 2002* (Cth) and the *Partnership Act 1958* (Vic).
- I/We acknowledge that the General Partner does not guarantee that I/We will be granted any visa including the Business Innovation and Investment (Provisional) visa (subclass 188) and the Business innovation and Investment (Permanent) visa (subclass 888);
- I/We agree and acknowledge that I/We have or expect to receive approval from Department of Home Affairs to make an investment in the Fund;
- I/We acknowledge that we are not a 'foreign government investor' as defined in the *Foreign Acquisitions and Takeovers Act 1975* (Cth) (FATA) and the *Foreign Acquisitions and Takeovers Regulation 2015* (Cth) (FATR);
- I/We acknowledge that the acquisition of a Partnership Interests will not result in the me/us holding a prohibited interest at law, or any person contravening, requiring approval of or needing to effect any filing under the provisions of the *Competition and Consumer Act 2010* (Cth) or the *Foreign Acquisitions and Takeovers Act 1975* (Cth);
- I/We declare, agree and acknowledge that the General Partner makes no representation or warranty, express or implied as to the my/our eligibility for a visa in relation to investment in the Fund and I/We agree to make my/our own assessment as to my/our eligibility for a visa and will be responsible for ensuring that it satisfies any eligibility requirement for a visa.
- I/We irrevocably commit to paying the Committed Capital amount specified in this Application Form Deed Poll;
- I/We acknowledge and agree that the Committed Capital will be held in escrow by the Escrow Agent pursuant to the terms of the Escrow Deed, and I acknowledge the rights of the General Partner from time to time to direct the Escrow Agent to pay the Fund or the General Partner amounts from the Escrow Account. I/We authorise and appoint Vantage (including any director) to, as attorney on my/our behalf as the named investor, complete execute and deliver, along with this completed Application Form Deed Poll, the Escrow Deed.
- I/We declare that the information provided in my/our Application Form Deed Poll is true, correct and complete in all respects;
- I/We acknowledge that none of the General Partner, their related entities, directors or officers have guaranteed or made any representation as to the performance or success of the Fund, or the repayment of capital from the Fund. Investments in the Fund are subject to various risks, including delays in repayment and loss of income or principal invested. Investments in the Fund are not deposits with or other liabilities of the General Partner or any of its related bodies corporate or associates;
- I/We acknowledge the General Partner reserves the right to reject any application or scale back an application in its absolute discretion;
- I/We have obtained my/our own independent financial advice prior to investing in the Fund;
- If this Application Form Deed Poll is signed under Power of Attorney, each Attorney declares he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this Application Form Deed Poll);
- I/We have read the information on privacy and personal information contained in the IM and consent to my/our personal information being used and disclosed as set out in the IM;
- I/We indemnify the General Partner and each of its related bodies corporate, directors and other officers, shareholders, servants, employees, agents and permitted delegates (together, the Indemnified Parties) and to hold each of them harmless from and against any loss, damage, liability, cost or expense, including reasonable legal fees (collectively, a Loss) due to or arising out of a breach of representation, warranty, covenant, declaration or agreement by me/us contained in any document provided by me/us to the General Partner, its agents or other parties in connection with my/our investment in the Fund. The indemnification obligations provided herein survive the execution and delivery of this Application Form Deed Poll, any investigation at any time made by the General Partner and the issue and/or sale of the investment;

- To the extent permitted by law, I/We release each of the Indemnified Parties from all claims, actions, suits or demands whatsoever and howsoever arising that I/We may have against any Indemnified Party in connection with the IM or my/our investment;
- I/We will promptly notify the General Partner of any change to the information I/We have previously provided to the General Partner, including any changes which result in a person or entity controlling, owning or otherwise holding an interest in me/us who is a US Person;
- I/We consent to the General Partner disclosing any information it has in compliance with its obligations under the Inter-Governmental Agreement between the Government of Australia and the Government of the United States of America to Improve International Tax Compliance and to implement FATCA and any related Australian law and guidance implementing the same (together, the IGA). This may include disclosing information to the Australian Taxation Office, who may in turn report that information to the US IRS;
- I/We acknowledge that the collection of my/our personal information may be required by the *Financial Transaction Reports Act 1988*, the *Corporations Act 2001*, the *Income Tax Assessment Act 1936*, the *Income Tax Assessment Act 1997*, the *Taxation Administration Act 1953*, the IGA (which for these purposes includes any related Australian law and guidance) and

the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*. Otherwise, the collection of information is not required by law, but I/we acknowledge that if I/we do not provide personal information, the General Partner may not allow me/us to invest in the Fund;

- I/We will provide the General Partner with all additional information and assistance that the General Partner may request in order for the General Partner to comply with any AML/CTF Law and the IGA and to fulfill its tax or legal obligations;
- I am/we are not aware and have no reason to suspect that the monies used to fund my/our investment in the Fund have been or will be derived from or related to any money laundering, terrorism financing or similar or other activities illegal under applicable laws or regulations or otherwise prohibited under any international convention or agreement (AML/CTF Law) and that the proceeds of the investment in the Fund will not be used to finance any illegal activities;
- I/We acknowledge that the General Partner may decide to delay or refuse any request or transaction, including by suspending the issue or redemption of investment in the Fund, if the General Partner is concerned that the request or transaction may breach any obligation of, or cause the General Partner to commit or participate in an offence, including under any AML/CTF Law.

SIGNATURE 1

FULL NAME		DATE
COMPANY SEAL (IF APPLICABLE)	SIGNATURE*	
Tick capacity (Mandatory for companies): <input type="checkbox"/> Sole Director & Company Secretary <input type="checkbox"/> Director <input type="checkbox"/> Secretary		

SIGNATURE 2

FULL NAME		DATE
COMPANY SEAL (IF APPLICABLE)	SIGNATURE*	
Tick capacity (Mandatory for companies): <input type="checkbox"/> Sole Director & Company Secretary <input type="checkbox"/> Director <input type="checkbox"/> Secretary		

* Joint applicants must both sign;

* Company applications must be signed by two Directors, a Director and Secretary or the Sole Director and Secretary of the company, details of which appear in Section 3.1; or

* For trust/superannuation fund applications each individual trustee must sign.

Post your original signed Application Form Deed Poll and original certified copies of your identification document(s) to:

Vantage Private Equity Growth 4 Registry
 PO Box R1479
 ROYAL EXCHANGE NSW 1225

Please ensure that you have transferred your application monies or enclose a cheque for payment.

CERTIFYING A COPY OF AN ORIGINAL DOCUMENT

All documents must be provided in a certified copy format – in other words, a copy of the original document that has been certified by an eligible certifier. A 'certified extract' means an extract that has been certified as a true copy of some of the information contained in a complete original document by one of the persons described below.

Please note that we require the copy which was actually signed by the certifier (i.e. the original penned signature of the certifier).

People who can certify documents or extracts are:

1. A lawyer, being a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described).
2. A judge of a court.
3. A magistrate.
4. A chief executive officer of a Commonwealth court.
5. A registrar or deputy registrar of a court.
6. A Justice of the Peace.
7. A notary public (for the purposes of the *Statutory Declaration Regulations 1993*).
8. A police officer.
9. An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public.
10. A permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public.
11. An Australian consular officer or an Australian diplomatic officer (within the meaning of the *Consular Fees Act 1955*).
12. An officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the *Statutory Declaration Regulations 1993*).
13. A finance company officer with 2 or more continuous years of service with one or more financial companies (for the purposes of the *Statutory Declaration Regulations 1993*).
14. An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees.
15. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

POLITICALLY EXPOSED PERSONS (PEP)

To comply with AML/CTF laws, we require you to disclose whether you are, or have an association with, a Politically Exposed Person ('PEP'). A PEP is an individual who holds a prominent public position or function in a government body or an international organisation in Australia or overseas, such as a Head of State, or Head of a Country or Government, or a Government Minister, or equivalent senior politician. A PEP can also be an immediate family member of a person referred to above, including spouse, de facto partner, child, and a child's spouse or a parent. A close associate of a PEP, i.e. any individual who is known to have joint beneficial ownership of a legal arrangement or entity is also considered to be a PEP. Where you identify as, or have an association with, a PEP, we may request additional information from you.

BENEFICIAL OWNER

To comply with AML/CTF laws, we require you to disclose beneficial owners. Beneficial owner means an individual who ultimately owns or controls (directly or indirectly) the investor. 'Control' includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising and control through the capacity to determine decisions about financial and operating policies. 'Owns' means ownership (either directly or indirectly) of 25% or more of the investor.

10 FINANCIAL ADVISER DETAILS & CUSTOMER IDENTIFICATION DECLARATION

CUSTOMER IDENTIFICATION DECLARATION (Financial Adviser to complete)

I confirm that I have completed an appropriate Customer Identification Procedure (**CID**) on this investor and/or the beneficial owners which meets the requirements of the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act)*.

Please select the relevant option below.

- I have attached the verification documents that were used to perform the CID for this investor and/or the beneficial owners; OR
- I have not attached the verification documents but will retain them in accordance with the AML/CTF Act and agree to provide them to the General Partner or its agents with access to these documents upon request. I also agree that if I become unable to retain the verification documents used for this application in accordance with the requirements of the AML/CTF Act I will forward them to the General Partner.

I agree to provide the General Partner or its agents with any other information that they may require to support this Application.

FINANCIAL ADVISOR DETAILS

FINANCIAL ADVISER NAME*

* If a new adviser, please attach a copy of your employee/representative authority.

BUSINESS NAME

ADVISER NUMBER (IF APPLICABLE)

STREET ADDRESS

SUBURB

STATE

POSTCODE

COUNTRY

POSTAL ADDRESS

SUBURB

STATE

POSTCODE

COUNTRY

TELEPHONE

MOBILE

FACSIMILE

EMAIL ADDRESS

DEALER DETAILS

DEALER NAME

DEALER NUMBER (IF APPLICABLE)

CONTACT PERSON

AFSL NUMBER

ABN

POSTAL ADDRESS

SUBURB

STATE

POSTCODE

COUNTRY

TELEPHONE

FACSIMILE

EMAIL ADDRESS

DEALER STAMP

SIGNATURE OF FINANCIAL ADVISER

DATE

FINANCIAL ADVISER ACCESS TO INVESTOR INFORMATION (Investor to complete)

Please tick the box below if you wish your financial adviser to have access to information and/or to receive copies of all transaction confirmations.

If no election is made, access to information and/or copies of transaction confirmations will not be provided to your financial adviser.

Please provide access to information and send copies of all transaction confirmations to my/our financial adviser.

You may change your election at any time by contacting the General Partner.

The following form is for the use of Australian Applicants only who are investing less than AUD \$500,000.

ACCOUNTANT'S CERTIFICATE THAT CLIENT IS WHOLESALE UNDER SECTION 761G(7) OF THE CORPORATIONS ACT

To: Vantage Asset Management Pty Limited

Level 29, Chifley Tower
2 Chifley Square
SYDNEY NSW 2000

Certify as follows:

I,

OF

1. I am a qualified accountant for the purposes of the Corporations Act, being a member of the Institute of Chartered Accountants in Australia/Australian Society of Certified Practising Accountants/National Institute of Accountants and am subject to, and comply with, that body's continuing education requirements.
2. I am giving this certificate in accordance with section 761G(7)(c) of the Corporations Act at the request of, and with reference to,

INVESTOR

and acknowledge that this certificate will be relied upon to make offers of financial products to the Investor without disclosure under Part 7.9 of the Corporations Act.

3. I certify that, having reviewed the financial position of the Investor:
 - a) the Investor has net assets of at least A\$2.5 million; or
 - b) the Investor had a gross income for each of the last two financial years of at least A\$250,000 a year.

PRINT NAME

SIGNATURE

DATE

NOTES

The certificate should be:

1. Provided before any offer is made; and
2. Given no earlier than two years before the offer is made.

CORPORATE DIRECTORY

ENQUIRIES

If you have any questions concerning the Offer or how to complete and lodge an Application, please contact us:

Telephone: +61 2 9216 9053

Email: info@vantageasset.com

Further information is also available at www.vpeg4.info

GENERAL PARTNER

Vantage Private Equity Management Partnership, LP

Level 50, 120 Collins Street
MELBOURNE VIC 3000

INVESTMENT ADMINISTRATION & FUND ACCOUNTING

Vantage Asset Management Pty Limited

Level 29, Chifley Tower
2 Chifley Square
SYDNEY NSW 2000

REGISTRAR

One Registry Services Pty Ltd

Level 16, Governor Macquarie Tower
1 Farrer Place
SYDNEY NSW 2000

ESCROW AGENT

Vasco Trustees Limited

Level 5, 488 Bourke Street
MELBOURNE VIC 3000

AUDITOR & TAX ADVISER

Ernst & Young

The Ernst & Young Centre
200 George Street
SYDNEY NSW 2000

SOLICITORS TO THE OFFER

Corrs Chambers Westgarth

L17, 8 Chifley

8-12 Chifley Square
SYDNEY NSW 2000

VPEG4

DIVERSIFY.
GROW.
OUTPERFORM.

WWW.VPEG4.INFO

INVESTMENT MANAGER

