AUTHORISED REPRESENTATIVE FORM - COMPANY

A company appointed as your authorised representative is **authorised** by you to: **apply for units** in the Fund(s) and sign all documents necessary for this purpose; **make requests to redeem all or some of your units**; **and make written requests for information** regarding your units.

Please refer to the terms described in the "Additional Information" section of the PDS or Additional Information to the PDS.

Investor Name:		
Investor Number (eight-digit number):		
☐ Maple-Brown Abbott Global Listed Infrastructure Fund	☐ Maple-Brown Abbott Global Listed Infrastructure Fund - Hedged	

(A) Appointment of authorised representative

1. Company details

Full registered company name:_____

Full business name (if any): _____

Country where registered / incorporated: Australia YES ☐ / NO ☐ ACN _____

Registered office address (street address only): _____

_____ Suburb: _____

State: _____ Postcode: _____ Country: _____

Postal Address (if different from above): _____

_____ Suburb: _____

State: _____ Postcode: _____ Country: _____

Principal place of business (if different from registered address): _____

_____ Suburb: _____

State: _____ Postcode: _____ Country: _____

Phone no. (____) _____ E-mail address: _____

2. Company type

Select only ONE of the following categories:

☐ Public company (A company whose name does not include Pty or Proprietary) – ***proceed to Section A.3 Regulatory/Listing Details below***

☐ Proprietary company (A company whose name ends with Proprietary Ltd or Pty Ltd, also known as private company) – provide details of all directors below:

Number of directors of the company: _____

Director 1:

Given name/s: _____ Surname: _____

Director 2:

Given name/s: _____ Surname: _____

Director 3:

Given name/s: _____ Surname: _____

Director 4:

Given name/s: _____ Surname: _____

(If there are more directors, please provide details on a separate sheet and tick this box ☐)

3. Regulatory/listing details

Please select any of the following category that applies to the company and provide the information requested.
If none applies, please proceed to Section A.4.

☐ **Australian public listed company**
(The company is listed on an Australian financial market, such as the ASX)

Name of market/exchange: _____

☐ **Majority-owned subsidiary of an Australian listed company**
(The company is majority owned by an Australian company that is listed on an Australian financial market, such as the ASX)

Australian listed company name: _____

Name of market/exchange: _____

☐ **Australian regulated company**
(The company is licensed and its activities are subject to the oversight of an Australian statutory regulator. In particular, its supervision is beyond that provided by ASIC for the company's registration. Examples of regulated companies in Australia include Australian Financial Services Licensees (AFSL), Australian Credit Licensees (ACL), or Registrable Superannuation Entity (RSE) Licensees.)

Regulator Name: _____

Licence details (e.g. AFSL No. , ACL No., RSE No.): _____

4. Beneficial owner details

This section to be completed by a company that is NOT an Australian regulated company, listed public company, or majority owned by an Australian public listed company as per section A.3 above.

Category A Beneficial Owners

Please provide details for each individual who ultimately owns 25% or more of the company's issued share capital. This includes indirect ownership of 25% or more of the company.

Category B Beneficial Owners

If there are no Category A Beneficial Owners, then provide details of each individual who directly or indirectly controls* the company. If no such person can be identified then the most senior managing official/s of the company (such as the managing director or other directors) is/are taken to be the beneficial owner(s) of the company.

*Control includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices; voting rights of 25% or more including power to veto.

Beneficial Owner 1:

Given name/s: _____ Surname: _____

Date of birth: _____/_____/_____

Residential address (street address only) _____

_____ Suburb: _____

State: _____ Postcode: _____ Country: _____

Beneficial Owner Category: ☐ A or ☐ B

For a Category B Beneficial Owner, please describe role (e.g. Managing Director): _____

Beneficial Owner 2:

Given name/s: _____ Surname: _____

Date of birth: _____/_____/_____

Residential address (street address only) _____

_____ Suburb: _____

State: _____ Postcode: _____ Country: _____

Beneficial Owner Category: ☐ A or ☐ B

For a Category B Beneficial Owner, please describe role (e.g. Managing Director): _____

Beneficial Owner 3:

Given name/s: _____ Surname: _____

Date of birth: _____/_____/_____

Residential address (street address only) _____

_____ Suburb: _____

State: _____ Postcode: _____ Country: _____

Beneficial Owner Category: ☐ A or ☐ B

For a Category B Beneficial Owner, please describe role (e.g. Managing Director): _____

Beneficial Owner 4:

Given name/s: _____ Surname: _____

Date of birth: _____/_____/_____

Residential address (street address only) _____

_____ Suburb: _____

State: _____ Postcode: _____ Country: _____

Beneficial Owner Category: ☐ A or ☐ B

For a Category B Beneficial Owner, please describe role (e.g. Managing Director): _____

(If there are more directors, please provide details on a separate sheet and tick this box ☐)

☐ **ATTACH: Certified copy of the current Australian driver's licence or passport of each Beneficial Owner listed in Section A.4 above.**

Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.
Each document supplied must be certified as a true copy of an original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

5. Additional information for non-Australian company

Is the foreign company registered with ASIC?

☐ **Yes** Provide the Australian Registered Body Number (ARBN): _____

Provide EITHER : ☐ principal place of business address in Australia, OR. ☐ local agent's name and address details

Address (street address only): _____

Suburb _____ State _____ Postcode _____ Country _____

Full name of local agent in Australia: _____

☐ **No** Provide company identification number (if any) issued by the foreign registration body: _____

Date of company registration or incorporation: _____ /_____ /_____

Provide principal place of business in the company's country of formation or incorporation

Address (street address only): _____

Suburb _____ State _____ Postcode _____ Country _____

☐ **ATTACH: For a company that is not registered with ASIC, provide a certified copy of the registration certificate**

Note: Documents that are not written in English must be accompanied by an English translation prepared by an accredited translator.
Each document supplied must be certified as a true copy of the original by an acceptable certifier. Within Australia, acceptable certifiers include registered legal practitioners, dentists and medical practitioners; Justice of the Peace; police officers; notary public; permanent employees of Commonwealth, State or Territory, or local government authority with 2+ years continuous service; officers with, or authorised representative of, an AFSL holder, with 2+ years continuous service; CPA or CA. Refer to the FAQ for the complete list of acceptable certifiers.

B. Account operating authority

Please indicate how you wish to operate your account.

☐ **Any one of us to sign**, or

☐ **All of us to sign**, or

☐ **Any two of us to sign**

If you select 'any one of us to sign', each of you (including any person you appoint as an authorised representative) will be able to transact on, or otherwise operate your account independently of the others. If you do not select an option, we will assume that 'any one of us to sign' option will apply.

C. Declarations and signatures

1. Authorised representative

We, acting as the authorised representative named above, confirm that the details provided about the company on this Authorised Representative Form are true and correct. At least two directors; or a director and company secretary; or by sole director (where applicable), must sign. If signing as authorised signatories, then an original or certified copy of the authorised signatory list must be provided.

Signatory 1

Signature: _____

Full Name: _____

Capacity: (director) _____

Date _____ / _____ / _____

Signatory 2

Signature: _____

Full Name: _____

Capacity: (director/company secretary) _____

Date _____ / _____ / _____

2. Investor

In signing this form, the undersign confirms that I/We:

- have read and understood in full the relevant PDS and Additional Information to the PDS to which this form relates;
- agree that the terms and conditions of the PDS and Additional Information to the PDS form part of this declaration;
- acknowledge that I/we have read, understood and agree to all declarations, conditions and acknowledgements contained in the PDS and Additional Information to the PDS, specifically the terms and conditions in the 'Additional Information' section of the PDS or Additional Information to the PDS;
- agree to notify each authorised representative of relevant terms and conditions and any other items contained in the PDS and the Additional Information to the PDS, and any amendments to them;
- authorise each representative named in this form to operate my/our account in respect of the Fund(s) elected in the Application Form or this form;
- understand that an authorised representative can act solely on the account subject to section (B) of this Authorised Representative Form;
- understand I/we are liable for any use of the account by an authorised representative;
- understand that such appointments continue until I/we cancel the appointments by giving notice in writing;
- acknowledge that the instructions provided in this form supersede all prior authorities;
- acknowledge and agree to be bound by the terms and conditions in the Application Form; and
- acknowledge, accept and declare that all the details given in this form are true and correct, and I/we undertake to inform you of any changes to the information supplied as and when they occur.

Signatory 1	**Signatory 2**
Signature: _____	Signature: _____
Full Name: _____	Full Name: _____
Capacity: (e.g. director, trustee) _____	Capacity: (e.g. director, trustee) _____
Date _____ / _____ / _____	Date _____ / _____ / _____
Signatory 3	**Signatory 4**
Signature: _____	Signature: _____
Full Name: _____	Full Name: _____
Capacity: (e.g. director, trustee) _____	Capacity: (e.g. director, trustee) _____
Date _____ / _____ / _____	Date _____ / _____ / _____

Post original form and accompanying documents, together with the Application Form (if applicable) to:

Maple-Brown Abbott Limited
c/- Automic Pty Ltd
GPO Box 5193
Sydney NSW 2000