

STATECOVER MUTUAL LIMITED

ABN 36 090 394 755

Application for Allotment of a Council Share

To: StateCover Mutual Limited

We the applicant named below, *(Insert Council Name)*, hereby applies for the allotment to us for the following share in the capital of the Company on the following revised terms:

Name of Applicant: *(Insert Council Name)*

Number of shares: One

Class of shares: Council Share

Contribution: \$ 1.00 plus an amount equal to a percentage applied to the audited actual wages for the preceding 12 months, subject to the discretion of the Company to adjust that payment as necessary or desirable. This amount will be payable as invoiced following receipt of the audited actual wages declarations approximately three months after commencement of the new insurance year.

This invoice will not be subject to GST as Capital Contributions are not subject to GST.

The applicant agrees to be bound by the constitution of the Company on this basis.

On registration the Applicant will hold the share beneficially.

DATED:

Signed for and on behalf of *(Insert Council Name)*
In the presence of:

.....
Signature of witness

.....
Signature of authorised person

.....
Name of witness (print)

.....
Name of authorised person (print)

