



LETTER OF AUTHORIZATION

Date

Name

Address

I/we hereby give authorization to do the activities below on my/our behalf to Zerocap PTY LTD for the purpose of (indicate the purpose of the relationship).

- VIEW-ONLY ACCESS
- PORTAL ACCESS, TRANSACT AND GIVE INSTRUCTIONS

DIRECTOR / BENEFICIAL OWNER

[Name] [Signature] [Date]

AUTHORIZED REPRESENTATIVE

[Name] [Signature] [Date]

PLEASE RETURN THE COMPLETED DOCUMENT TO KYC@ZEROCAP.COM