

**H PAYMENT OF INTEREST**

I/We want to receive interest on any Unsecured Deposit Notes applied for above by: (Tick Appropriate Box)

having it paid by electronic funds transfer to a bank account nominated in writing by me, the account details of which are:

BSB Number:  Account Number:

Account Holder:

having it reinvested in Unsecured Deposit Notes

cheque sent to the address specified

*Privacy Statement*

All personal information collected in the Application Form will be handled in accordance with the Privacy Act 1988.

Roberts will use your personal information to:

- arrange the issue of Fixed Term Unsecured Deposit Notes and At Call Unsecured Deposit Notes in accordance with the Prospectus; and
- facilitate the management of Fixed Term Unsecured Deposit Notes and At Call Unsecured Deposit Notes accounts.

In using your personal information for these purposes, Roberts Limited may have to disclose this information to particular organisations under certain circumstances. These organisations may include auditors, legal or accounting firms used in respect of the administration of your holdings of unsecured deposit notes.

If you do not consent to these uses or disclosures of your personal information you should not complete this application form.

If you wish to know what personal information Roberts holds about you, you may contact the company at its Head Office:

2 Collins Street, Hobart TAS, 7000, Telephone (03) 6235 1444.

**I DECLARATION**

By signing this application form, I/we agree to be bound by the acknowledgments and agreements contained in section 11.2 of the Prospectus.

Signatures of Applicants

Applicant 1 Name  Signature

Joint Applicant 2 Name  Signature

Capitalised terms in this Application Form have the same meanings as set out for those terms in the Prospectus.

Returning the Application Form with your cheque for the application monies will constitute your offer to subscribe for Unsecured Deposit Notes of Roberts.

**You should read the Prospectus carefully before completing this Application Form**

This Application Form relates to Unsecured Deposit Notes offered under the Prospectus issued by Roberts only.

The Prospectus contains information about investing in the Unsecured Deposit Notes. It is advisable to read the Prospectus before applying for the Unsecured Deposit Notes. Under ASIC policy relating to electronic disclosure documents, Roberts is obliged to give a person who has access to this application form access to the Prospectus and any supplementary document at the same time and by the same means.

While the Prospectus is current, Roberts will send paper copies of the Prospectus, any supplementary document and this Application Form to you on request free of charge.

**PIN CHEQUES HERE - DO NOT STAPLE HERE**

Offers of Unsecured Deposit Notes issued by Roberts will only be made in or accompanied by a copy of the Prospectus. Anyone wishing to apply for Unsecured Deposit Notes will need to complete this Application Form. It is advisable that a person who wishes to apply for Unsecured Deposit Notes reads the Prospectus before applying for the Unsecured Deposit Notes. To meet the requirements of the Corporations Act 2001 (Cth), this Application Form must not be handed on unless included in or accompanied by the Prospectus. A person who gives another person access to this Application Form must at the same time and by the same means give the other person access to the Prospectus. While the Prospectus is current, Roberts or a financial services licensee who has provided an electronic copy of the Prospectus will send a paper copy of the Prospectus and the Application Form on request and without charge. The Prospectus expires on 5 April 2011.

**PLEASE READ ALL INSTRUCTIONS ON PAGES 25 & 26 OF THE PROSPECTUS**

I/We apply for Unsecured Deposit Notes to be issued by Roberts as follows:

**A**  to be invested: (\$500 minimum for at-call; \$2,000 for fixed term)

B	Terms	Amount	Interest rate per annum
	At call		
	For 3 months		
	For 4 months		
	For 6 months		
	For 8 months		
	For 1 year		
	For 2 years		
	For 3 years		
	For 4 years		
	For 5 years		
	Total		

(Total must agree with A)

Please complete only one of the following sections C through to G as applies to you. Note that some sections may require you to also complete other sections.

**INDIVIDUALS, SOLE TRADERS & JOINT APPLICANTS**

Title, given name(s) & surname  Date of birth:

**C** Joint applicant 2 or (designated account name)  Date of birth:

Business name (if applicable)

Tax file number

Applicant 1  Joint applicant 2

ABN (if applicable)

Residential address

Street number  Street

Suburb  State  Postcode

Postal address if different from residential address

Contact name  Telephone no - after hours  Telephone no - business hours

**COMPANIES**

Company name

**D**

Registered office address

Street number	Street		
Suburb	State	Postcode	

Principal place of business address if different from registered office address

Street number	Street		
Suburb	State	Postcode	

Full name of each director

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

ACN or ABN

Contact name

Telephone no - after hours

Telephone no - business hours

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**PARTNERS**

Name of the partnership

**F**

Registered business name of the partnership (if any)

Country in which the partnership was established

Full name and residential (or registered office or business) address of each partner

Title, given name(s) & surname or company name or trustee name(s) (including name of trust)

<input type="text"/>
<input type="text"/>
<input type="text"/>

NOTE: if partners are individuals, please also complete section C above in respect of one of the partners

ABN or TFN of the partnership

ACN or ABN

Contact name

Telephone no - after hours

Telephone no - business hours

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**TRUSTEES**

Trustee name(s)

**E**

NOTE: if the Trustee(s) are individuals, please also complete section C above in respect of one of the individuals.

NOTE: if the Trustee is a company, please also complete section D above in respect of the company.

Name of the trust

Business name of the trustee in respect of the trust (if any)

ABN or TFN of the trust

Type of trust (eg, discretionary trust, unit trust, superannuation fund)

Country in which the trust was established

Contact name

Telephone no - after hours

Telephone no - business hours

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**UNINCORPORATED ASSOCIATIONS**

Name of the association

**G**

Principal place of administration address

Full name of: Chairman (or equivalent officer)

Secretary (or equivalent officer)

Treasurer (or equivalent officer)

NOTE: if application is being made by an individual as a member of the unincorporated association, please also complete section C above.

ABN or TFN

Contact name

Telephone no - after hours

Telephone no - business hours

<input type="text"/>	<input type="text"/>	<input type="text"/>
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