Application Form

AF Capital Private Credit Fund LP (AFC1)
AF Capital Private Credit PIE Fund (AFC1–PIE)

Avanti Capital

avantifinance.co.nz/investors
investors@afcapital.co.nz
0800 808 003

*Key details of AFC1 and AFC1-PIE are set out in the Information Memorandum relating to AFC1 and AFC1-PIE dated December 2025 (**Offer Document**). You should read that document carefully and seek financial advice before investing.*

1. Application to Invest

If you wish to invest in this product, you must complete and return this application form to us by email at investors@afcapital.co.nz or to our Auckland office (refer to the "contact us" page on our website for details).

You must also provide us with all information we need to comply with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009. Without this information, your application will not be accepted. Please refer to our separate Customer Due Diligence Form for details on what is required.

We reserve the right to accept or reject your application for any reason whatsoever.

2. Wholesale Investors

This product is only offered to persons who are wholesale investors under the Financial Markets Conduct Act 2013 or equivalent overseas laws.

Please confirm below the basis on which you are applying to invest:

☐ I am a wholesale investor because I am investing a minimum of NZ$750,000

Where you choose this option, by signing the application form you also make the following acknowledgement: I confirm that I understand that:

[a] The usual legal rules that require information to be given to investors for offers of financial products do not apply if the amount invested upfront by me (plus any other investments I have already made in those financial products) is $750,000 or more; and

[b] I may not receive a complete and balanced set of information about this investment; and

[c] I have fewer legal protections for this investment; and

[d] This investment is not suitable for retail investors; and

[e] I have been advised to ask questions, read all documents carefully, and seek independent financial advice.

☐ I am another type of wholesale investor

Where you choose this option, you must provide a completed wholesale investor certificate or eligible investor certificate, both of which are available from us.

☐ I am an overseas investor that qualifies as a wholesale investor under local laws.

Where you choose this option, you certify to us that you are eligible to invest as a wholesale (or equivalent) investor under the laws of your jurisdiction without us needing to take any further action, and you agree to provide evidence of that eligibility on request. You indemnify every member of the Avanti Finance group for any loss arising from this certification being incorrect.

3. Applicant and Investment Details

Details of Applicant	
Name of Investor(s)	
Contact Person (if different)	
Residential Address	
Postal Address (if different)	
Phone Number	
Email Address	

Tax Information	
IRD Number	
Is the taxpayer a New Zealand resident for tax purposes?	☐ Yes ☐ No
Is the taxpayer a US citizen or US tax resident?	☐ Yes ☐ No
Is the taxpayer a tax resident in any other country (other than the US or NZ)?	☐ Yes ☐ No *If yes, please provide details, including Tax Identification Number (TIN) for each country.*
Complete this section only if you are applying to invest in AFC1-PIE	
Taxpayer's Prescribed Investor Rate	☐ 0% ☐ 10.5% ☐ 17.5% ☐ 28% *If a prescribed investor rate is not selected, or no IRD number is provided, 28% will apply.* *To determine your PIR, go to: www.ird.govt.nz/roles/portfolio-investment-entities/find-my-prescribed-investor-rate*

Investment and Distribution Details	
Which product do you want to invest in?	☐ AF Capital Private Credit Fund LP (AFC1) ☐ AF Capital Private Credit PIE Fund (AFC1-PIE) *New investors in AFC1 will be required to sign a separate deed of adherence to the AFC1 limited partnership agreement, which is available from us.*
Amount you're investing	$
Expected investment date	
Bank Account Number	☐☐ ☐☐☐ ☐☐☐☐☐☐☐ ☐☐☐ *Please provide evidence of this bank account, such as a copy of a bank statement.*
Name of Account	
Branch	
Do you wish to have any quarterly income distributions reinvested in the Fund or paid to you in cash?	☐ Reinvested ☐ Paid in cash

4. Acknowledgement

By signing and returning this application form, you agree as follows:

1. I/we agree that I/we have received, read, and understood the Offer Document.
2. I/we agree to be bound by this investment's governing documents, as described in the Offer Document.
3. I/we understand that my/our ability to withdraw from and/or transfer this investment is limited, as described in the Offer Document.
4. Where this application form relates to an investment in AFC1, I/we confirm that my/our agreed investment amount set out above, together with any amount I/we have previously invested in AFC1, is my/our Committed Capital and that if my/our application is accepted I/we will, on acceptance of my/our application, contribute the agreed investment amount set out above without requiring a formal drawdown notice for that amount to be served on me/us.
5. I/we understand that this investment involves risk and that, unless otherwise outlined in the Offer Document, no member of the Avanti Finance group, nor any other person, guarantees the performance of this investment or the repayment of capital or any particular rate of return from this investment.
6. I/we agree to provide you and every other member of the Avanti Finance group with any additional information required from time to time so that the Avanti Finance group may comply with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, with New Zealand and overseas tax laws, and with its other legal obligations.
7. I/we agree that the information provided in this form, and any other information I/we have provided to any other member of the Avanti Finance group, may be shared with other members of the Avanti Finance group for the purposes of compliance with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, New Zealand and overseas tax laws, and other legal obligations.
8. I/we acknowledge that the personal information I/we have supplied may be used by (and shared between) you, every other member of the Avanti Finance group, and any other entity involved in providing this investment for the purposes of enabling them to arrange and manage my/our investment, to contact me/us

in relation to my/our investment, and (in the case of a member of the Avanti Finance group) to market other potential products and services. I/we agree that my/our personal information may be disclosed to third parties for these purposes, or as may be required by law. I/we acknowledge that I/we have the right to access and correct all personal information held about me/us. I/we have read the Avanti Group Privacy Policy, which includes the relevant contact details for any privacy requests relating to Avanti Finance group members.

9. I/we agree to receive any documents or other information associated with this investment electronically at the email address provided on this form, or another email address as advised to the Avanti Finance group.
10. I/we acknowledge that, unless the Avanti Finance group holds written authority from all investors/signatories authorising a specific person to act on behalf of the investor, you will require all parties to sign this application and any subsequent withdrawal/variation requests.
11. I/we confirm that all information provided in this application form is correct, and I/we will notify the Avanti Finance group of any changes (including to my/our tax residency).
12. I/we confirm that the confirmations and agreements provided in this application form are intended to be for the benefit of every member of the Avanti Finance group for the purpose of subpart 1 of part 2 of the Contract and Commercial Law Act 2017.

In addition, where the investor is an entity, the signatories below confirm that they are duly authorised to complete this application form on behalf of the entity, that this application will be binding if accepted, and that the investment will not cause any limitation on the powers of the trustees/partners/directors to be exceeded.

Signed (complete as required)

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

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Date

Name

Signature

Date