## Certificate of Registration of a Company

This is to certify that

WALLETSTACKWAY LIMITED

Australia Company Number 639 745 346



CommissionAustralian Q•curities &

Investments is a registered company under the Corporations Act 2001 and is taken to be registered South Australia The company is limited by shares.

The company is proprietary company.

The day of commencement of registration is the twenty-ninth day of January 2013.

Issued by the

Australian Securities and Investments Commission on this twenty-ninth day of January, 2013

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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR<br>LTR | TYPE OF INSURANCE  |   | SUBR POLICY<br>WVDNUMBER | POLICY EFF<br>MM/DD/YYYY | POLICY EXP<br>MM/DD/YYYY | LIMIT                        | S        |
|-------------|--|---|--------------------------|--------------------------|--------------------------|------------------------------|----------|
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DATE (MM/DD/YYYY) 512312021

## CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER                     |                     | CONTACT                                 |                 |  |  |  |  |
|------------------------------|---------------------|---|-----------------|--|--|--|--|
| Level 4, 99 Bathurst Street, | Sydney,             | Sheila Baker NAME:                      |                 |  |  |  |  |
| New South Wales              |                     |   |                 |  |  |  |  |
| 2000, Australia              |                     | PHONE                                   | FAX             |  |  |  |  |
| ,                            |                     | AIC No Ext : (639) 745-3768             | A/C, No : (639) |  |  |  |  |
|                              |                     |   | 7453769         |  |  |  |  |
|                              |                     | ADDRESS: E-MAILCortea.Thomas@loausa.com |                 |  |  |  |  |
|                              |                     | INSURER(S) AFFORDING COVERAGE           | NAIC #          |  |  |  |  |
|                              |                     | INSURER A : Southern Insurance Com      | 26867           |  |  |  |  |
|                              |                     | Australia                               |                 |  |  |  |  |
| INSURED                      |                     | INSURER B                               |                 |  |  |  |  |
| Mallatata akuwa u ki         |                     | INSURER C :                             |                 |  |  |  |  |
| Walletstackway Li            | mited               | INSURER D                               |                 |  |  |  |  |
|                              |                     | INSURER E :                             |                 |  |  |  |  |
|                              |                     | INSURER F :                             |                 |  |  |  |  |
| COVERAGES                    | CERTIFICATE NUMBER: | REVISION NU                             | MBER:           |  |  |  |  |

| DESCRIPTION OF OPERATIONS 1 LOCATIONS 1 VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| CERTIFICATE HOLDER   | CANCELLATION  |  |  |  |  |  |
|  | INSURED<br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |  |  |  |  |  |
| INSUREDS COPY<br>***FOR INFORMATIONAL<br>PURPOSES ONLY***  | AUTHORIZED REPRESENTATIVE   |  |  |  |  |  |
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