Form 1003 ASCOT 7053 Corporations Act 2001

## Disclosure notice for unlisted disclosing entity

| Lodgement details  | Who should ASIC contact if there is a query about this form?  ASIC registered agent number (if applicable)                |                 |          |                              |
|--|---|-----------------|----------|------------------------------|
| An image of this form will be available as part of the public register.                                      |   |                 |          |                              |
|  | 19505   |                 |          |                              |
|  | Firm/organisation   |                 |          |                              |
|  | Piper Alderman  |                 |          |                              |
|  | Contact name/position description Telephone number (during business hours)  |                 |          |                              |
|  | Hugh Scales, Principal +61 3 8665 5590  |                 |          |                              |
|  | Email address (optional)  |                 |          |                              |
|  | hscales@piperalderman.com.au Postal address   |                 |          |                              |
|  |   |                 |          | Level 23, 459 Collins Street |
|  | Suburb/City   | State/Territory | Postcode |                              |
|  | Melbourne   | Victoria        | 3000     |                              |
|  |   |                 |          |                              |
|  | Disalesing entity es  | Company         |          |                              |
| Disclosing entity or company information Please complete either the company or disclosing entity information | Name  |                 |          |                              |
|  | LatAm Autos Limited   |                 |          |                              |
|  | ACN   |                 |          |                              |
|  | 169 063 414   |                 |          |                              |
|  |   |                 |          |                              |
|  | Disclosing entity (other than a company)  |                 |          |                              |
|  | Name  |                 |          |                              |
|  |   |                 |          |                              |
|  | Australian Registered Business Number (ARBN) / Notified Foreign Passport Fund Registration Number (NFPFRN (if applicable) |                 |          |                              |
|  | (ii application)  |                 |          |                              |
|  | Australian Registered Scheme Number (ARSN) / Australian Passport Fund Registration Number (APFRN) (if                     |                 |          |                              |
|  | applicable)   |                 |          |                              |
|  |   |                 |          |                              |
|  |   |                 |          |                              |
|  |   |                 |          |                              |
| Details of information   | Date that the disclosing entity became aware of the information   |                 |          |                              |
|  | 0 9 / 1 0 / 2 1   |                 |          |                              |
|  | Full information (if insufficient space please use an annexure)   |                 |          |                              |
|  | See attached annexure marked A.   |                 |          |                              |
|  |   |                 |          |                              |
|  |   |                 |          |                              |
|  |   |                 |          |                              |
|  |   |                 |          |                              |
|  |   |                 |          |                              |
|  |   |                 |          |                              |

| Declaration | I verify that the attached document marked (A) is the original document   |  |  |  |
|-------------|---|--|--|--|
|             | I certify that the attached document marked (   | ) is the original document   |  |  |
| Signature   | <ul> <li>This form must be signed by:</li> <li>if a company or a body – a director, or secretary, or the equivalent.</li> <li>if a registered scheme or passport fund – a director, or the equivalent of the responsible entity or passport fund operator.</li> </ul> |  |  |  |
|             | Capacity  Capacity  Signature   |  |  |  |
| Lodgement   | Send completed and signed forms to: Australian Securities and Investments Commission, PO Box 4000, Gippsland Mail Centre VIC 3841   | For more information  Web www.asic.gov.au  Need help? www.asic.gov.au/question  Telephone 1300 300 630 |  |  |