

DECLARATION OF AMALGAMATION



I _____
OF _____

All Correspondence please send to:
PO Box 52
Collins Street West VIC 8007
Phone: 1300 992 916
Facsimile: +61 8 9315 2233
Email: registrar@securitytransfer.com.au

Declare I am a shareholder in _____ with the following holdings.
(NAME OF STOCK)

SRN	SHAREHOLDER	ADDRESS	NO OF SHARES

I hereby state I am one and the same shareholder and there has been no change of beneficial ownership of the shares.

I request the said company to amalgamate the holdings and register the shares as follows:

NAME: _____

ADDRESS: _____

SRN: _____

Dated:

I/We hereby indemnify and agree to keep indemnified the Company and its Directors against all actions, proceedings, losses, charges, damaged, expenses, claims or demands that may be made against the Company or its Directors in consequence of the transfer of all or any of the abovementioned securities, pursuant to a transfer thereof signed by me/us without production of the original statement(s) above.

Signature

Signature

Witness to Signature(s) who certifies that the person(s) signing this Statement is/are known to him/her and signed with his/her/their normal signature in his/her presence.

Persons signing this Statement should note that the Corporations Law imposes severe penalties for making false Statement (\$10,000 or imprisonment for 2 years or both) or failing to ensure that a Statement is not false or misleading (\$5,000 or imprisonment for 1 year or both).

PLEASE RETURN TO
SECURITY TRANSFER AUSTRALIA PTY LTD - PO BOX 52, COLLINS STREET WEST VIC 8007