

In which Company or Trust are your Shares/Investments held?

ASX CODE

[Grid for Company/Trust Name and ASX Code]



Full Name of Registered Holder(s)

[Grid for Full Name of Registered Holder(s)]

Registered Address

[Grid for Registered Address]

Postcode

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, Website: www.securitytransfer.com.au

You are required to insert this number Security Holder Reference Number (SRN)



[SRN Input Box]

Registration Correction Indemnity

This form must be forwarded to the Issuer's Registry.

Please use a **BLACK** pen and print in **CAPITAL** letters inside the boxes. For Example

C A R

A Registration Correction

I do solemnly and sincerely declare that I am the under mentioned shareholder in the above noted company and make this declaration as the authorised security holder. The details listed above are incorrect and the correct registration details are outlined below.

Individual Holder/Joint Holder #1 or Company Name

[Grid for Individual Holder/Joint Holder #1 or Company Name]

Joint Holder #2 or <Designated Account>

[Grid for Joint Holder #2 or <Designated Account>]

Joint Holder #3 or <Designated Account>

[Grid for Joint Holder #3 or <Designated Account>]

Address Details

Unit Street Number Street Name

[Grid for Address Details]

Or Post Office Box or other mail details (if applicable)

[Grid for Post Office Box or other mail details]

City/Suburb/Town

[Grid for City/Suburb/Town]

State

[Grid for State]

Post Code

[Grid for Post Code]

Where the holding is certificated all certificates must be returned with this request.

In consideration of the Company (STA) making these changes and issuing a new statement or certificate(s) to replace the said statement or certificate(s), I/we hereby covenant to indemnify and forever keep indemnified the Company (STA) and its Agents, from and against all losses in respect thereof and all claims, actions, proceedings, demands, costs and expenses whatsoever which may be made or brought against it by reason of compliance with this request.

Contact Name

[Grid for Contact Name]

Telephone Number – Business Hours

[Grid for Telephone Number – Business Hours]

B Sign Here – This section must be signed and witnessed for your instructions to be executed

I/We authorise you to act in accordance with my/our instructions set out above.

Director of <Participant Name

[Signature Box for Director]

Name

[Name Box for Director]

Day Month Year

[Date Box for Director]

Witness

[Signature Box for Witness]

Name

[Name Box for Witness]

The witness(es) certifies that the person(s) who has/have signed this statement is/are known to them and has/have signed in the presence of the witness with their normal signature(s).

Note: Australian The Corporations Act 2001 imposes severe penalties for making a false statement (\$10,000 or 2 years imprisonment or both) or failing to insure a statement is not false or misleading (\$5,000 or 1 year imprisonment or both).