

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

ASX CODE

[Grid for Company/Trust Name and ASX Code]



Full Name(s) of Registered Holder(s).

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

Registered Address.

[Grid for Registered Address]

Postcode

All Correspondence 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

Request for Security Holder Reference Number (SRN) - Broker
Statutory Declaration and Statement Pursuant to Section 1089 of the Corporations Act 2001

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

C A R [Grid]

A Request to:

Registry Name

[Grid for Registry Name]

Registry Fax Number

[Grid for Registry Fax Number]

Registry Contact Name

[Grid for Registry Contact Name]

Registry Contact Phone Number

[Grid for Registry Contact Phone Number]

Reply to:

Participant Name

[Grid for Participant Name]

Participant Fax Number

[Grid for Participant Fax Number]

Participant Contact Name

[Grid for Participant Contact Name]

Participant Contact Phone Number

[Grid for Participant Contact Phone Number]

B SRN Request

I, [Grid]

Authorised Officer of (CHESS Participant)

[Grid]

do solemnly declare that I am authorised by the Participating Organisation to make this request on behalf of the above named holder of the following securities:

Description of Securities

[Grid]

Number of Securities held

[Grid]

I hereby request that you supply the SRN for the above named holder.

C Sign Here - This section must be signed and witnessed for your request to be executed

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

Participant Authorised Agent

[Signature Box]

Name

[Name Box]

Day

Month

Year

[Date Box: / /]

D Registry Response

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

The SRN for the above holder, as per our registry records, is:

[Grid]

Signature of Authorised Officer

[Signature Box]

Name of Authorised Officer

[Name Box]

Day

Month

Year

[Date Box: / /]