

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

ASX CODE

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Full Name(s)  
of Registered  
Holder(s)


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)  
Or Holder Identification Number (HIN)

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### Small Estate Statement and Indemnity

**Uncertificated CHESS Holdings** – This form must be forwarded to the CHESS Sponsoring Broker or Non-Broker Participant.  
**Uncertificated Issuer Sponsored Holdings** – 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
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#### A Small Estate Statement and Indemnity

Description of Securities  
(Shares, Options etc.)

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Number of  
Securities held

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I/We solemnly and sincerely declare I am/we are the legal representative(s) for the above deceased estate.

Full name(s) of Executor(s) or Administrator(s)


I/We request the security issuer to permit transmission of the securities detailed above to ourselves as legal representative(s) of the estate without requiring a Grant or Probate or Letters of Administration or reseal of grant of probate to be obtained in the state of:

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In consideration of the security issuer registering the securities in my/our name(s) I/we hereby covenant to indemnify and forever keep indemnified the security issuer, the directors and trustees of the security issuer, the security registrar and the directors and officers of the security registrar 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 them by reason of compliance with this request.

Contact Name

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Telephone Number – Business Hours

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Telephone Number – After Hours

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

I/We authorise you to act in accordance with my/our instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions in respect to my/our securities.

All Executor(s)/Administrator(s) must sign

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Witness

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Witness

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Witness

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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).

Day      Month      Year

/	/	
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**Executors/Administrators:** When the holding is in the name of an Estate, all Executors/Administrators are required to sign.

**Power of Attorney:** To sign as Power of Attorney, you must have already lodged it with the registry. Alternatively, attach a certified photocopy of the Power of Attorney to this form.

**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 ensure a statement is not false or misleading (\$5,000 or 1 year imprisonment or both).

**Overseas**

Please complete this statutory declaration in accordance with the laws of the country in which it is declared and ensure it is legally witnessed.