



# ADVANCED SHARE REGISTRY LIMITED

Member of Securities Registrars Association of Australia Inc. ABN 14 127 175 946

110 Stirling Highway, Nedlands Western Australia 6009. PO Box 1156, Nedlands Western Australia 6909  
 Telephone: (08) 9389 8033, Facsimile: (08) 9262 3723, Website: [www.advancedshare.com.au](http://www.advancedshare.com.au), Email: [admin@advancedshare.com.au](mailto:admin@advancedshare.com.au)  
 Level 6, 225 Clarence Street, Sydney NSW 2000. PO Box Q1736, Queen Victoria Building, NSW 1230  
 Telephone: (02) 8096 3502

**ALL CORRESPONDENCE TO:**

Advanced Share Registry Ltd  
 PO Box 1156, Nedlands  
 Western Australia 6909

110 Stirling Hwy, Nedlands  
 Western Australia 6009

Telephone: (08) 9389 8033  
 Facsimile: (08) 9262 3723

Email: [admin@advancedshare.com.au](mailto:admin@advancedshare.com.au)  
 Website: [www.advancedshare.com.au](http://www.advancedshare.com.au)

Securityholder Reference Number (SRN)  
 or Holder Identification Number (HIN)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Company or Trust in which the Investment is Held**

--

**Full Registered Name (s)**


**Registered Address**


Postcode

**SECTION A - TAX FILE NUMBER (only complete if your have not previously quoted your TFN)**

Enter your Tax File Number (TFN) or exemption category. Where applicable, please enter the TFN for either Shareholder 2 or Shareholder 3. Collection of TFN's is authorised by taxation laws. Quotation of your TFN is not compulsory. However, under Australian tax law, an investor who does not provide their TFN or exemption category may have an amount of tax deducted from any payments made equal to the highest marginal tax rate plus medicare levy.

Shareholder Name(s)	Tax File Number OR TFN Code	Investor Entity Type	Non-Resident Country
1)			
2)			
3)			

**Investor Entity Type**

<b>I</b> Individual	<b>C</b> Corporation	<b>T</b> Trust	<b>G</b> Government organization
<b>D</b> Deceased individual	<b>P</b> Partnership	<b>S</b> Superannuation fund	<b>O</b> Other non-individual

TFN Code	Description
333333333	Investor under sixteen - where the investor is a child under the age of sixteen and does not quote a TFN.
444444441	Investor is a pensioner - where the investor is a recipient of a Social Security (age or invalid) or Service (veteran's) pension an exemption from quoting a TFN may be claimed.
444444442	Investor is a recipient of other eligible Social Security pension or benefit (e.g., Parenting Payment, Widow Allowance, etc). New Start Allowance or Sickness Allowance, etc. are not eligible benefits for exemption purposes.
555555555	Entity not required to lodge an income tax return - the investor entity is exempted from lodging income tax returns.
666666666	Investor in the business of providing consumer or business finance.
777777777	Norfolk Island resident.
888888888	Non-resident - person who is not a resident of Australia. If 888888888 is used then provide the country of residence.

**SECTION B - PAYMENT OF DIVIDENDS VIA BANK TRANSFER**

I/We hereby request that, until otherwise advised in writing, all dividends payable in cash in respect of my/our shareholding are to be redirected into the following Australian bank / building society account:

**Name of account**

--

(Note: The name(s) must be the same as that/those printed above. Dividends cannot be credited to third party accounts).

**BSB Number (Bank/State/Branch)**

--

**Account Number**

--

Name of Bank/Financial Institution

Branch Suburb/Town

Contact Telephone Number

**SECTION C - ANNUAL REPORT REQUESTS**

Please mark "X" in the box if you DO NOT wish to receive a hard copy Annual Report from the Company as indicated below.

If you wish to receive the Annual Report by email, please mark "X" in this box **and state your email address:**.....

Please note where an "X" is not marked, the Annual Report will continue to be mailed to you. All holders will continue to receive a Proxy Form and Notice of Meeting.

**PLEASE SIGN BELOW**

Signature Of Individual Shareholder(s) (All joint holders must sign)	Signatures of Companies Only - Executed in accordance with the Company's Constitution and the Corporations Act.									
<table border="0"> <tr> <td>x.....</td> <td>Signature</td> <td>Date</td> </tr> </table>	x.....	Signature	Date	<table border="0"> <tr> <td>x.....</td> <td>Sole Director and Sole Secretary</td> <td>Date</td> </tr> </table>	x.....	Sole Director and Sole Secretary	Date			
x.....	Signature	Date								
x.....	Sole Director and Sole Secretary	Date								
<table border="0"> <tr> <td>x.....</td> <td>Signature</td> <td>Date</td> </tr> </table>	x.....	Signature	Date	<table border="0"> <tr> <td>OR x.....</td> <td>Director</td> <td>Date</td> <td>x.....</td> <td>Secretary</td> <td>Date</td> </tr> </table>	OR x.....	Director	Date	x.....	Secretary	Date
x.....	Signature	Date								
OR x.....	Director	Date	x.....	Secretary	Date					
<table border="0"> <tr> <td>x.....</td> <td>Signature</td> <td>Date</td> </tr> </table>	x.....	Signature	Date	<table border="0"> <tr> <td>OR x.....</td> <td>Director</td> <td>Date</td> <td>x.....</td> <td>Director</td> <td>Date</td> </tr> </table>	OR x.....	Director	Date	x.....	Director	Date
x.....	Signature	Date								
OR x.....	Director	Date	x.....	Director	Date					

Note: If signed under Power of Attorney, a Certified Copy of the relevant Power of Attorney document must be exhibited to the Registry. The Attorney declares that he/she has had no notice of revocation of the Power of Attorney.