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, Email: 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
Website: www.advancedshare.com.au

Company or Trust in which the Investment is Held

Full Registered Name (s)

Registered Address

Postcode

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

Transmission Application

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.

Use a black pen. Print in CAPITAL letters inside the boxes

A Transmission Application

Description of Securities (Shares, Options etc.)

Number of Securities held

I/We claiming to be the legal personal representative(s) of the abovenamed deceased in respect of the securities described above do hereby apply to be registered as the holder(s) of the securities.

I/We agree to take and hold the securities subject to the several conditions on which they were held by the deceased.

I/We give notice that my/our name(s) and address is as stated below and request the same be entered in the register of securityholders

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

Address to be recorded on the register

Unit | Street Number | Street Name

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

City/Suburb/Town | State | Post Code

Contact Name | **Telephone Number – Business Hours** ( ) | **Telephone Number – After Hours** ( )

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

All Executor(s) Administrators(s) must sign

Day **Month** **Year**

/ /

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.