



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
Suite 8H, 325 Pitt 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

Current Full Registered Name (s) Of Holding

Registered Address

Postcode

Securityholder Reference Number (SRN)

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Name Correction Request and Indemnity

Uncertificated Issuer Sponsored Holdings – ORIGINAL form must be forwarded to the Issuer’s Registry.

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

A Name Correction

My/our full and correct name(s) are:

I am/We are one and the same as the name registered on the holding.

There has been no change in beneficial ownership and I/we request my/our full and correct name(s) be recorded on the register.

In consideration of the security issuer amending the register 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, cost and expenses whatsoever which may be made or brought against them by reason of compliance with this request.

Contact Name

Telephone Number – Business Hours

Telephone Number – After Hours

Email:

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. I/We acknowledge that these instructions supersede and have priority over all previous instructions with respect to my/our securities.

Individual or Securityholder 1

Securityholder 2

Securityholder 3

Director

Director/Company Secretary

**Sole Director and
Sole Company Secretary**

Witness

Witness

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)

Day Month Year

Individual:

This form is to be signed by the securityholder.

Joint Holding:

Where the holding is in more than one name, all of the securityholders must 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.

Companies:

Director, Company Secretary, Sole Director and Sole Company Secretary can sign. Please indicate the office held by signing in the appropriate space.

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