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

TAX FILE NUMBER DECLARATION

Company or Trust in which the Investment is Held

Full Registered Name (s)

Registered Address

Postcode

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

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

SECTION A - TAX FILE NUMBER

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

I Individual	**C** Corporation	**T** Trust	**G** Government organization
D Deceased individual	**P** Partnership	**S** Superannuation fund	**O** 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.**

PLEASE SIGN BELOW

Signature Of Shareholder(s)
(All joint holders must sign)

Signature Date

Signature Date

Signature Date

Companies Only - Executed in accordance with the Company's Constitution and the Corporations Act.

Sole Director and Sole Secretary Date

Director Date Secretary Date

Director Date Secretary 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.