



Company or Trust in which Investment is Held

**Full Name(s)
of Registered
Holding**

**Registered
Address**

Postcode

Security Transfer Registrars Pty Ltd
770 Canning Highway
Applecross WA 6153
PO Box 535
Applecross WA 6953
Phone: 61 8 9315 2333
Facsimile: 61 8 9315 2233
Email: registrar@securitytransfer.com.au
Website: www.securitytransfer.com.au

**You are required to insert this number
Securityholder Reference Number (SRN)
or Holder Identification Number (HIN)**

→

Appointment of Corporate Representative

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

A B C

A Appointment of Corporate Representative

We, the above mentioned holder appoint:

To act as our representative at

The meeting of the above named company to be held on:

OR

All meetings of the above named company.

Please state if there are any restrictions on the representative's power:

Yes No

If yes, please describe the restriction:

Contact Name

Telephone Number: After Hours / Business Hours / Mobile

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.

Sole Director and Sole Company Secretary

Director

Director/Company Secretary

Day Month Year

Companies:

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