



CHANGE OF ADDRESS NOTIFICATION ADVICE

(For Issuer Sponsored and Certificated Holdings Only)

To: (Insert Name of Company in which the Investment is held) (PLEASE USE BLOCK LETTERS)

Securityholder Reference Number (SRN) [grid]

EXISTING HOLDER DETAILS

Full Name(s)

Title, Given Name(s) & Surname or Company Name

Joint holder #2 or <designated account>

Joint holder #3 or <designated account>

Current Registered Address (Old Address)

Street Number

Street

Suburb/Town

State

Postcode

New Address

Street Number

Street

Suburb/Town

State

Postcode

Contact Name

() Telephone Number - Business Hours

Authority

I/we request you to amend the registered address in your records to the above new address.

Signature Of Shareholder(s)

(All joint holders must sign)

x Signature Date

x Signature Date

x Signature Date

Companies Only - Executed in accordance with the Company's Constitution and the Corporations Act 2001.

x Sole Director and Sole Secretary Date

x Director Date x Secretary Date

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.