

Company or Trust in which Securityholding is held

Registered Name(s)

Registered Address

Securityholder Reference Number (SRN)

Use a black pen.  
Print in CAPITAL letters.

A B C

1 2 3

## Request to Register Surviving Holder(s)

**A** **Registration of Surviving Holder(s)**

Full Name of Surviving Holder 1

Full Name of Surviving Holder 2

Full Name of Surviving Holder 3

Address to be recorded on the register OR Post Office Box or other mail details (if applicable)

Unit	Street Number	Street Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

City / Suburb / Town  State  Postcode

I/We am/are the surviving holder(s) of a joint holding of the securities described above.

The securities are held jointly with deceased

As proof of death has now been provided, I/we request you register me/us as the holder(s) of the securities and agree to hold them under the same terms and conditions as previously held.

Contact Name  Telephone Number - Business Hours / 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.

Surviving Holder 1	Surviving Holder 2	Surviving Holder 3
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Day Month Year
		<input type="text"/>



## How to complete this form

### **A** Registration of Surviving Holder(s)

Attach an originally certified copy of the Death Certificate to this form.

Enter the name(s) of the surviving holder(s) and the new address details you wish to have recorded on the register for all future correspondence. Please note that we can only record one address. This should be the address for delivery of all future correspondence.

Write the name of the contact person and telephone number. We will only use these details if we have an enquiry about this form.

Enter the name of the deceased joint holder where shown.

#### **How to certify your document**

1. All pages of the document are required to be certified.
2. The certification must contain a statement to the effect that it is a 'true and correct copy' of the original.
3. The certification must be an original (that is, no photocopies or faxes of a certified copy are acceptable).

#### **Who can certify your document**

Chartered Accountant (C.A)

Certified Practising Accountant (C.P.A)

A Postmaster

Australian Defence Forces Officer

A Justice of the Peace

A member of the Police Force

A legally qualified Medical Practitioner

A Pharmacist

The manager of a Bank, Building Society or Credit Union

Marriage Celebrant - civil or religious

Diplomatic or Consular Officer

A Barrister or Solicitor or a Clerk to a Barrister and Solicitor

The Sheriff or a Deputy Sheriff

A Notary Public

Commissioner for Affidavits or Declarations

Officer of the Court - Magistrates, County or Supreme

A Minister of Parliament of the Commonwealth or the State Government.

An authorised Clerk of a Trustee Company

**Important notice: if you are a broker sponsored holder in CHES, do not send this completed form to Computershare Investor Services Pty Limited. You must contact your sponsoring broker to register surviving holder(s).**

### **B** Signature(s)

You must sign this form as follows in the spaces provided:

All surviving holder(s) are required to sign.

