

Company or Trust in which investment is held – THIS MUST BE CO (The full name of the Share Company or Trust in which the securities being transf	ferred are held) Link Market Services Limited Locked Bag A14
Full Name(s) of Registered Holding (Enter the given and last names of all securityholder(s) shown on the securityholder	Sydney South NSW 1235 Australia Telephone: 1300 303 991 Facsimile: (02) 9287 0303 documents) Email: registrars@linkmarketservices.com.au Website: www.linkmarketservices.com.au
Account Designation	Securityholder Reference Number (SRN)
Registered Address	
(The actual address that is shown on the securityholder documents)	Postcode
A STATUTORY DECLARATION	ON AND INDEMNITY NEXT OF KIN
Please complete this form in BLACK INK using capital letters. Photocopie	s will not be accepted.
1. Description of Securities (Shares, Options, etc)	Number of Securities held
 I/We am/are the next of kin entitled to apply for Letters of Administration of the 3. The above named securityholder to the best of my/our knowledge and belief, been for or made and no application for such grant will be made. All claims against the estate have been made. I/We hereby request that the securities be registered in my/our name(s) and a 6. Full Name(s) of Next of Kin 	died without leaving a will and no grant of representation of the estate of the deceased has
7. Address to be recorded on the Register. Only one address can be shown. Unit Number/Level Street Number Street Name or Post Office Box	(if applicable).
Suburb/Town	State Post Code
I/we hereby undertake to indemnify and keep indemnified the company, the direct of Link Market Services Limited from and against all losses in respect thereof and a or brought against them by reason of compliance with this request and undertake I/we understand that a person who intentionally makes a false statement in a stat and I/we believe that the statements in this declaration are true in every particular	
B SIGNATURE OF NEXT O	F KIN – THIS MUST BE COMPLETED
Next of Kin	Next of Kin
Declared at	In the State of
Before me	Title
Signature	Date / /
HOW TO COM	MPLETE THIS FORM
A Statutory declaration and indemnity next of kin Enter the following in the spaces provided.	
 A brief description of the type of security eg. fully paid; stapled securities etc and the number held in figures. A brief description of the type of security eg. 6. Full name(s) of the New York Pull name(s) of the New Yor	7. Address of Next of Kin. Only one address. SS, do not send this completed form to Link Market Services Limited. You must contact
the sponsoring broker.	, ao not sena ans completes form to Link market services Linnted. Tou must contact

Personal Information Collection Notification Statement: Link Group advises that personal information it holds about you (including your name, address, date of birth and details of the financial assets) is collected by Link Group organisations to administer your investment. Personal information is held on the public register in accordance with Chapter 2C of the Corporations Act 2001. Some or all of your personal information may be disclosed to contracted third parties, or related Link Group companies in Australia and overseas. Your information may also be disclosed to Australian government agencies, law enforcement agencies and regulators, or as required under other Australian law, contract, and court or tribunal order. For further details about our personal information handling practices, including how you may access and correct your personal information and raise privacy concerns, visit our website at www.linkmarketservices.com.au for a copy of the Link Group condensed privacy statement, or contact us by phone on +61 1800 502 355 (free call within Australia) 9am—5pm (Sydney time) Monday to Friday (excluding public holidays) to request a copy of our complete privacy policy.

B Signature – The next of kin(s) must sign and declare the statements therein before a prescribed witness such as a Justice of the Peace.