SRN / HIN: .....

Registered Name and Address (*PLEASE PRINT CLEARLY*):

.....

.....

.....

THIS FORM IS ONLY VALID WHEN IT IS SIGNED

TFN AND BANKING FORM

ALL CORRESPONDENCE TO:

Advanced Share Registry Services
PO Box 1156
Nedlands Western Australia 6909

Telephone: (08) 9389 8033
Facsimile: (08) 9389 7871
Email: admin@advancedshare.com.au
Investor Web: www.asrshareholders.com

SECTION A - TAX FILE NUMBER (only complete if your have not previously quoted your TFN)

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.**

SECTION B - PAYMENT OF DIVIDENDS VIA BANK TRANSFER

I/We hereby request that, until otherwise advised in writing, all dividends payable in cash in respect of my/our shareholding in _____ are to be redirected into the following Australian bank / building society account:

Name of account

(**Note: The name(s) must be the same as that/those printed above or include at least one of them. Dividends cannot be credited to third party accounts**).

BSB Number (Bank/State/Branch)

Account Number

Name of Bank/Financial Institution **Branch Suburb/Town** **Contact Telephone Number**

SECTION C – ANNUAL REPORT REQUESTS

Please mark "**X**" in the box if you **DO NOT** wish to receive a hard copy Annual Report from the Company as indicated below.

Annual Report ☐

If you wish to receive the Annual Report by email, please mark "X" in this box ☐

and state your email address:……

Please note where an "X" is not marked, the Annual Report will continue to be mailed to you. All holders will continue to receive a Proxy Form and Notice of Meeting.

PLEASE SIGN BELOW

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

× ..... Signature Date

× ..... Signature Date

× ..... Signature Date

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

× ..... Sole Director and Sole Secretary Date

OR × ..... Director Date × ..... Secretary Date

OR × ..... Director Date × ..... 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.