

Company or Trust in which investment is held – THIS MUST BE COMPLETED

Full Name(s) of Registered Holding

Account Designation

Registered Address

Postcode

**Securityholder Reference Number (SRN)
Or Holder Identification Number (HIN)**

Please return this form to:
 Link Market Services Limited
 Locked Bag A14
 Sydney South NSW 1235
 Telephone: 1300 303 991
 (02) 8280 7111
 Facsimile: (02) 9287 0303
 Email: registrars@linkmarketservices.com.au
 Website: www.linkmarketservices.com.au

A SMALL ESTATE STATEMENT AND INDEMNITY

PLEASE COMPLETE THIS FORM IN BLACK INK USING CAPITAL LETTERS. PHOTOCOPIES WILL NOT BE ACCEPTED.

CHESSE Holdings: This form must be forwarded to the CHESSE Sponsoring Broker or Non-Broker Participant.

Issuer Sponsored holdings: This form must be forwarded to Link Market Services Limited.

Description of Securities (Shares, Options, etc) Number of Securities held

I/We do solemnly and sincerely declare I am/we are the legal representative(s) for the above deceased estate.

Full name(s) of Executor(s) or Administrator(s)

Address to be recorded on the Register PO Box/RMB/Locked Bag/Care of (c/-)/Property name/Building name (if applicable)

Unit Number/Level Street Number Street Name

Suburb/Town State Post Code

I/We request the security issuer to permit transmission of the securities detailed above to ourselves as legal representative(s) of the estate without requiring a Grant of Probate or Letters of Administration or reseal of grant of probate to be obtained in the state of:

(Australian State or Territory where the securities are registered)

In consideration of the security issuer registering the securities in my/our name(s) I/we hereby covenant to indemnify and forever keep indemnified the security issuer, the directors and the trustees of the security issuer, the security registrar and the directors and officers of the security registrar from and against all losses in respect thereof and all claims, actions, proceedings, demands, costs and expenses whatsoever which may be made or brought against them by reason of compliance with this request.

Contact Name Telephone Number (Business Hours) Telephone Number (After Hours)

B SIGNATURE(S) OF EXECUTOR(S)/ADMINISTRATOR(S) – THIS MUST BE COMPLETED

Executor/Administrator (delete one) Executor/Administrator (delete one) Executor/Administrator (delete one)

Sole Director and Sole Company Secretary/ Director (delete one) Director/Company Secretary (delete one)

Witness Witness Witness

The witness(es) certifies that the person(s) who has/have signed this statement is/are known to them and has/have signed in the presence of the witness with their normal signature(s).

Date

Privacy Clause: Link Market Services Limited advises that Chapter 2C of the *Corporations Act 2001* requires information about you as a securityholder (including your name, address and details of the securities you hold) to be included in the public register of the entity in which you hold securities. Information is collected to administer your securityholding and if some or all of the information is not collected then it might not be possible to administer your securityholding. Your personal information may be disclosed to the entity in which you hold securities. You can obtain access to your personal information by contacting us at the address or telephone number shown on this form. Our privacy policy is available on our website (www.linkmarketservices.com.au).