

This is a smart PDF form

For your convenience; please type directly into the highlighted fields.
This form will then need to be printed for signature and returned.



Company in which securities are held (name or ASX code)

Securityholder Registered Name and Address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	<input type="text"/>

Postcode

To return a completed and signed form:

PO Box H195
Australia Square NSW 1215

or

E: mail@nextregistries.com.au

or

F: +61 2 9251 7138

For any enquiries:

P: +61 2 9276 1700

Securityholder Reference Number (**SRN**) or
Holder Identifier Number (**HIN**)

This is required for identity verification

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 No. Street Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City/Suburb/Town

State

Postcode

I/we am/are the surviving holder(s) of a joint holding of the securities registered to the SRN/HIN noted above.

The securities are held jointly with the deceased

As proof of death has been provided with this form, 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 previously held.

B Contact Details for this Request – used if Next Registries has a query regarding this request

Contact Name

Telephone Number

Email Address

C Authorisation – must be signed for your instructions to be executed

I/we authorise Next Registries to act in accordance with my/our instructions set out above.

Surviving Holder 1

Date (dd/mm/yy)

Surviving Holder 2

Date (dd/mm/yy)

Surviving Holder 3

Date (dd/mm/yy)

How to complete this form

This smart PDF form allows information to be typed directly into the highlighted fields when opened on a compatible device. Should this feature not be accessible, please print the form and write clearly inside the boxes using black or blue pen.

Holding Details

Enter either the **name** or **ASX code** (if listed) of the company in which securities are held.

Enter both the registered **name** and **address** of the securityholder.

Enter the Securityholder Reference Number (**SRN**) or Holder Identifier Number (**HIN**) in the box provided. A **SRN** begins with the letter "I" followed by a sequence of numbers. A **HIN** begins with the letter "X" followed by a sequence of numbers. Either a SRN or HIN must be provided.

A Registration of Surviving Holder(s)

Attach an originally certified copy of the Death Certificate when lodging 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.

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).

Those authorised to certify your document include:

- | | | |
|--|--|--|
| <input type="checkbox"/> Chartered Accountant | <input type="checkbox"/> Postmaster | <input type="checkbox"/> Sheriff or deputy sheriff |
| <input type="checkbox"/> Barrister or solicitor | <input type="checkbox"/> Notary public | <input type="checkbox"/> Justice of the peace |
| <input type="checkbox"/> Australian Defence Force officer | <input type="checkbox"/> Member of Police Force | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Diplomatic or consular officer | <input type="checkbox"/> Member of Federal or State Parliament | <input type="checkbox"/> Trade marks attorney |
| <input type="checkbox"/> Commissioner for affidavits or declarations | <input type="checkbox"/> Manager of a bank, building society or credit union | <input type="checkbox"/> Religious or civil marriage celebrant |
| <input type="checkbox"/> Medical practitioner | <input type="checkbox"/> Certified practicing accountant | <input type="checkbox"/> Fellow of the Institute of Legal Executives (Victoria only) |

B Contact Details for this Request

Enter the **name**, **telephone number** and **email address** of the contact person for this securityholding.

Next Registries will use these details in the event that the registry has a query regarding this request.

C Authorisation

This form must be signed in the spaces provided by all surviving holders in order for the instructions set out to be actioned.

Privacy: Next Registries advises that Chapter 2C of the Corporations Act 2001 requires information about you as a security holder (including your name, address and details of securities you hold) to be included in the public register of the entity in which you hold securities. Information is collected to administer your security holding and if some or all of the information is not collected it might not be possible to administer your holding. 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.