

COMPANY (OR COMMUNITY BANK) WHERE SHARES ARE HELD

Shareholder Name(s) (as it appears on the Register)

Shareholder Address (as it appears on the Register)



PO Box 454
Bendigo VIC 3552
Phone (03) 5443 0344
Fax (03) 5443 5304

shareregistry@afsbendigo.com.au
www.afsbendigo.com.au

ABN 51 061 795 337

Certificate Replacement Request – Companies

- ✓ Please use a black pen and print in CAPITAL letters.
- ✓ Please refer to instructions on the back of this form.

Statutory Declaration and Statement Pursuant to Section 1070D of the Corporations Act 2001

A Replacement Request

I/We do solemnly and sincerely declare the abovenamed is/are the registered holder(s) of certificate(s) covering: _____ shares which has/have been lost or destroyed and

Number of Shares _____

has not/have not been pledged, sold or otherwise disposed of. All proper searches have been made for the certificate(s) and if ever found by me/us I/we undertake to immediately return the certificate(s) to the share issuer for cancellation.

Certificate Number _____	Number of Shares _____
Certificate Number _____	Number of Shares _____

I/We _____ Director/Secretary of _____

Name _____ Company Name _____

am authorised to make this statement on behalf of the company. I/We request the issue of a replacement certificate and in consideration hereby covenant to indemnify and forever keep indemnified the share issuer, the directors and trustees of the share issuer, AFS & Associates Pty Ltd and the directors and officers of AFS & Associates Pty Ltd 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.

B Sign and Date

I/We authorise you to act in accordance with my/our instructions set out above.

<p>Director</p> <p>Sign _____</p> <p>Print _____</p>	<p>Director/Company Secretary</p> <p>Sign _____</p> <p>Print _____</p>	<p>Sole Director and Sole Company Secretary</p> <p>Sign _____</p> <p>Print _____</p>
<p>Witness of Director</p> <p>Sign _____</p> <p>Full Name _____</p> <p>Qualification _____</p>	<p>Witness of Director/Company Secretary</p> <p>Sign _____</p> <p>Full Name _____</p> <p>Qualification _____</p>	<p>Witness of Sole Director/Secretary</p> <p>Sign _____</p> <p>Full Name _____</p> <p>Qualification _____</p>

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).

_____/_____/_____
Day Month Year

() _____
Contact Number

How to complete this form

This form is used where the original share certificate(s) cannot be located and the shareholder (a company) seeks to have it replaced.

A Replacement Request – Statutory Declaration

- Enter the number of shares covered by the lost/destroyed share certificate(s).
- Enter the certificate number(s) (if known) that have been lost/destroyed and you wish to have replaced along with the number of shares that relate to each of these individual certificate number(s).

B Sign and Date

Companies: This form is to be signed by two directors, a director and a secretary or the sole director. Please indicate the office held by signing in the appropriate space.

This form **must** be accompanied by a certified copy of the most recent company statement issued by ASIC and a certified copy of current drivers licence or passport for each office bearer signing the form. Please ensure the company key on the company statement is not visible.

Power of Attorney: To sign as power of attorney attach a certified copy of the power of attorney to this form if not previously provided to the registry.

Witness Requirements: Persons who may witness the signing of a statutory declaration and certify documents include:

- | | | | |
|-----------------------------------|--|--|--------------------------|
| ▪ Chartered Accountant | ▪ Member of the Police Force | ▪ Barrister or Solicitor | ▪ Pharmacist |
| ▪ Certified Practising Accountant | ▪ Australian Defence Force Officer | ▪ Diplomatic or Consular Officer | ▪ Notary Public |
| ▪ Postmaster | ▪ Legally qualified Medical Practitioner | ▪ Sheriff or Deputy Sheriff | ▪ Clerk of the Court |
| ▪ Justice of the Peace | ▪ Manager of a Bank or Credit Union or Building Society with 5 or more years of continuous service | ▪ Commissioner for Affidavits & Declarations | ▪ Minister of Parliament |
| ▪ Veterinary Surgeon | | | ▪ Marriage Celebrant |

Overseas – Please complete this statutory declaration in accordance with the laws of the country in which it is declared and ensure it is legally witnessed.

C False Statements

The *Corporations Act* 2001 imposes severe penalties for making a false statement (\$10,000 or two years imprisonment or both) or failing to ensure a statement is not false or misleading (\$5,000 or one year imprisonment or both).

D Please return your completed form and documents to:

AFS & Associates Pty Ltd
Share Registry
PO Box 454
Bendigo VIC 3552

Privacy Clause: AFS & Associates Pty Ltd advises that Chapter 2C of the *Corporations Act* 2001 requires information about you as a shareholder (including your name, address and details of the shares you hold) to be included in the public register of the entity in which you hold shares. Information is collected to administer your shareholding and if some or all of the information is not collected then it might not be possible to administer your shareholding. Your personal information may be disclosed to the entity which you hold shares. 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.afsbendigo.com.au).