

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 – Individual or Joint Holdings

- ✓ 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 I am/we 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 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>Individual/Shareholder 1</p> <div style="border: 1px solid black; padding: 5px;"> <p>Sign _____</p> <p>Print _____</p> </div>	<p>Shareholder 2</p> <div style="border: 1px solid black; padding: 5px;"> <p>Sign _____</p> <p>Print _____</p> </div>	<p>Shareholder 3</p> <div style="border: 1px solid black; padding: 5px;"> <p>Sign _____</p> <p>Print _____</p> </div>
<p>Witness of Shareholder 1</p> <div style="border: 1px solid black; padding: 5px;"> <p>Sign _____</p> <p>Full Name _____</p> <p>Qualification _____</p> </div>	<p>Witness of Shareholder 2</p> <div style="border: 1px solid black; padding: 5px;"> <p>Sign _____</p> <p>Full Name _____</p> <p>Qualification _____</p> </div>	<p>Witness of Shareholder 3</p> <div style="border: 1px solid black; padding: 5px;"> <p>Sign _____</p> <p>Full Name _____</p> <p>Qualification _____</p> </div>

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(s) seeks to have it/them replaced.

If the shares are held by a company please complete the Certificate Replacement Request – Companies form.

If the shareholder is deceased please complete the Certificate Replacement Request – Executors or Administrators form.

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

- Individual:** This form is to be signed by the shareholder.
- Joint Holding:** Where the holding is in more than one name, all of the shareholders must sign.
- 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 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