

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

Request for Information

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

A Information Selection	Tax invoice
Information Type	Fee per holding (Includes GST)
Transaction information Historical holding information relating to: <ul style="list-style-type: none"> ▪ purchases/acquisitions of securities ▪ sales ▪ date acquired. 	\$60 for each year's information <input type="checkbox"/> Year(s) _____
Payment information - current Replacement of current or most recent distribution statement.	\$25 <input type="checkbox"/>
Payment information - historical Historical payment information relating to previous financial years: <ul style="list-style-type: none"> ▪ dividend/distribution payment details – includes franked and unfranked amounts, imputation credit and withholding tax information ▪ details of unrepresented dividends/distributions. 	\$60 for each year's information <input type="checkbox"/> Year(s) _____
Replacement dividend cheque	\$60 per cheque <input type="checkbox"/>
Holding/Audit confirmation Statement to confirm number of shares held in one company. The statement will be sent to the address we have on record for this holding.	\$25 <input type="checkbox"/> As at: / /
Total Payable	\$

B Payment	
Direct Deposit: Please attach a copy of your bank receipt <input type="checkbox"/> BSB: 083-543 Account no: 66 027 9836	Credit Card: Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Card number: _____ Expiry date: /
Please quote as the payment reference: SR_ and your surname	Name on card: _____ Signature: _____
Cheque enclosed <input type="checkbox"/>	

C Sign and Date

Individual/Shareholder 1

Sign _____

Print _____

Shareholder 2

Sign _____

Print _____

Shareholder 3

Sign _____

Print _____

Director

Director/Company Secretary

Sole Director and Sole Company Secretary

_____/_____/_____
Day Month Year

()
Contact Number

How to complete this form

This form is for use by a shareholder who wishes to receive confirmation of their holding or information that has been previously available to them.

A Information Selection

Choose the information that you require by ticking the box and where applicable recording the relevant date or year(s).

B Payment

Please indicate your payment details.

If paying by direct deposit please ensure that the reference is included and you attach the receipt to this form.

C 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.

Companies: Please indicate the office held by signing in the appropriate space.

D Please note that the requested information will only be sent to the address recorded on the register.

E Please return your completed form and documents to:

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