COMMUNITY BANK/COMPANY WHERE SECURITY HOLDING IS HELD

Shareholder Name(s) as it appears on the Register

Shareholder Address (as it appears on the Register)

Partners in success
Chartered Accountants
PO Box 454
Bendigo VIC 3552
61-65 Bull Street
Bendigo VIC 3550
Phone (03) 5443 0344
Fax (03) 5443 5304
shareregistry@afsbendigo.com.au
www.afsbendigo.com.au
ABN 51 061 795 337

Shareholder Reference Number (SRN)

Direct Credit

Please read HOW TO COMPLETE THIS FORM first and use block letters to complete all sections of this form.

A. Request for Direct Crediting of Dividends

BSB number (eg 633-000) **Account Number** (maximum of nine numbers)

…… ……

Name in which account is held (eg. JOHN SMITH)

……

Name of Australian bank or financial institution

……

Name of branch or suburb or town **Type of accounts** (eg. cheque, savings, etc)

…… ……

DO NOT USE YOUR CREDIT CARD NUMBER

If you are unsure of your BSB number or account number, please check with your bank.

B. Individual/Joint Shareholder

Sign Here – This section must be signed for your instructions to be executed.

I/We authorise you to act in accordance with my/our instructions set out above. I/we acknowledge that these instructions supersede and have priority over all previous instructions in respect to my/our securities.

…… ……
Individual or Shareholder 1/Executor 1 - Name (please print) Signature

…… ……
Shareholder 2/Executor 2 - Name (please print) Signature

…… ……
Shareholder 3/Executor 3 – Name (please print) Signature

/ /
Day Month Year

TO PROTECT YOUR INVESTMENT

PLEASE NOTE: All direct credit requests MUST be accompanied by a certified copy of a photo identification document such as an Australian driver's license or passport.

Individuals/Joint Shareholders – original certified copy of driver's license/s or passport/s.

*** PLEASE TURN OVER & COMPLETE SECTION C FOR OTHER ENTITIES**

C. Other Entities

Director/Sole Director and Sole Company Secretary*	Director/Company Secretary	Sole Director (No Company Secretary)*
.....	.....	.....
Name (please print)	Name (please print)	Name (please print)
.....	.....	.....
Signature	Signature	Signature

/ /

Day Month Year

By signing here I,……..……(Name in Full) warrant that, pursuant to the Corporations Act, the company does not have a Company Secretary and that as the Sole Director I am authorised by the company to complete this form or that I am the Sole Director and Company Secretary.

PLEASE NOTE: All direct credit requests MUST be accompanied by a certified copy of a photo identification document such as an Australian driver's license or passport.

Company – original certified copy of the most recent Company statement issued by ASIC and original certified copy of current driver's license or passport for each Office Bearer. Please ensure Company Key on your Company Statement is **NOT** visible.

How to complete this form

A. Request for Direct Crediting of Dividends

Please enter your BSB and Account number in the fields provided.
Enter the name in full that appears on your bank account.
Enter the name of the bank or financial institution, the location and type of bank account held.

B. & C. Signature(s)

Individual: where the holding is in one name, the Shareholder must sign.
Joint Holding: where the holding is in more than one name, all of the shareholders must sign.
Companies: either 2 Directors or a Director and a Company Secretary must sign this form. If the company has a Sole Director who is also the Company Secretary, that Director may sign alone and is required to complete the warranty confirmation there is no Company Secretary by completing their name in full. Please delete titles as applicable.

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).

Who can certify your document

Chartered Accountant (C.A)
Certified Practicing Accountant (C.P.A)
A Postmaster
Australian Defence Forces Officer
A Justice of the Peace
A member of the Police Force
A legally qualified Medical Practitioner
A Pharmacist
An authorised Clerk of a Trustee Company
Marriage Celebrant – civil or religious
Diplomatic or Consular Officer
A Barrister or Solicitor or a Clerk to a Barrister and Solicitor
The Sheriff or a Deputy Sheriff
A Notary Public
Commissioner for Affidavits or Declarations
Officer of the Court – Magistrates, County or Supreme
A Minister of Parliament of the Commonwealth or the State Government
The manager of a Bank, Building Society or Credit Union

Please return the completed form to the address below:
AFS & ASSOCIATES PTY LTD
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 security holder (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 security holding and if some or all of the information is not collected then it might not be possible to administer your security holding. Your personal information may be disclosed to the entity 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.afsbendigo.com.au)