

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

Intestacy Statement and Indemnity

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

A Applicant Details (Next of Kin)

Full Name of Applicant 1	Relationship of Applicant 1 to the Deceased
Full Name of Applicant 2	Relationship of Applicant 2 to the Deceased

B Statutory Declaration

I/We do solemnly and sincerely declare I am/we are the next of kin entitled to apply for letters of administration of the estate of the registered holder named above of _____ shares.

Number of Shares _____

The above named shareholder to the best of my/our knowledge and belief, died without leaving a will and no grant of representation of the estate of the deceased has been applied for or made and no application for such grant will be made. In consideration of recognising me/us as the next of kin of the deceased shareholder and acting upon the instructions I/we give I/we 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.

C Sign and Date

<p>Applicant 1</p> <p>Sign _____</p> <p>Print _____</p>	<p>Applicant 2</p> <p>Sign _____</p> <p>Print _____</p>
<p>Witness of Applicant 1</p> <p>Sign _____</p> <p>Full Name _____</p> <p>Qualification _____</p>	<p>Witness of Applicant 2</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

*** D Attachment – Death Certificate**

Please ensure that a certified copy of the shareholder’s death certificate is attached.

How to complete this form

This form is used where the deceased shareholder dies without leaving a will and where the current value of the estate is less than the threshold that requires letters of administration or grant of probate be obtained.

A Applicant Details (Next of Kin)

- Enter the full name of the applicant(s).
- Enter the relationship of the applicant to the deceased.

B Statutory Declaration

Enter the number of shares held in the company by the deceased.

C Sign and Date

This form is to be signed by all the applicant(s)/next of kin.

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 | ▪ Officer of the Court |
| ▪ Justice of the Peace | ▪ Manager of a Bank or Credit Union
or Building Society | ▪ 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.

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 Attachments

Please attach a certified copy of death certificate.

E Please return your completed form and documents to:

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