

**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](mailto:shareregistry@afsbendigo.com.au)  
[www.afsbendigo.com.au](http://www.afsbendigo.com.au)

ABN 51 061 795 337

**Transmission Application**

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

**A Transmission Application**

I/We claiming to be the executor(s)/administrator(s) of the abovenamed deceased in respect of the shares held by the deceased do hereby apply to be registered as the holder(s) of the shares.

I/We agree to take and hold the shares subject to the several conditions on which they were held by the deceased.

I/We give notice that my/our name(s) and address is as stated below and request the same be entered in the register of shareholders.

.....

Full Name(s) of Executors(s) or Administrator(s)

Address to be recorded on the register:

.....	.....	.....
Unit	Street Number or PO Box	Street Name
.....	.....	.....
City/Town/Suburb	State	Postcode
.....	.....	.....
.....	.....	..... @
Telephone	Mobile	Email

**B Sign and Date**

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

Executor/Administrator 1	Executor/Administrator 2	Executor/Administrator 3
Sign .....  Print .....	Sign .....  Print .....	Sign .....  Print .....
/ / Day      Month      Year		( ) Contact Number

**\* C Identification** Please ensure that a certified copy of photo identification for each executor/administrator is attached.

**\* D Supporting Documentation** Please ensure that a certified copy of the death certificate and probate are attached.

**\* E Share Certificate(s)** Please ensure that the original share certificate(s) is/are attached.

## How to complete this form

This form is used where a shareholder has died and the executor(s) or administrator(s) wish to record the shareholding in the name of the estate until such time that the shareholding is transferred to the beneficiary.

### **A** Transmission Application

- Enter the full name of the executor(s)/administrator(s).
- Enter the address of the executor(s)/administrator(s) that is to be recorded on the register. Please note that only one address can be recorded, this should be the address for delivery of future correspondence.

The name and address of each holding being consolidated must be identical.

The instructions held on the remaining holder number will apply to the consolidated holding.

### **B** Sign and Date

**Executor/Administrator:** Each executor/administrator 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.

### **C** Identification (to protect your investment)

**Individual:** This form **must** be accompanied by a certified copy of a photo identification document such as an Australian drivers licence or passport for each executor/administrator.

The certification must contain a statement that it is a 'true and correct copy' of the original. The certification must be original (that is, no photocopies or faxes). Documents can be certified by:

- |                                   |  |  |                          |
|-----------------------------------|--|--|--------------------------|
| ▪ 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      | ▪ Commissioner for Affidavits & Declarations | ▪ Minister of Parliament |
| ▪ Veterinary Surgeon              | ▪ or Building Society                    |  | ▪ Marriage Celebrant     |

### **D** Supporting Documentation

Attach a certified copy of the death certificate and grant of probate.

### **E** Share Certificate(s)

Please ensure that you return the original share certificate(s). A new certificate will be issued reflecting the new name of the holding.

If the original share certificate has been lost or destroyed please also complete the relevant Certificate Replacement Request form. You may download this from <http://www.afsbendigo.com.au/share-registry-guides-and-forms/>

### **F** Please return your completed form and documents to:

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