

COMPANY (OR COMMUNITY BANK) IN WHICH 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

Confirmation of the Deceased Holder's Identity

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

A Surviving Holder(s), Executor(s) or Administrator(s)

Surviving Holder / Executor / Administrator 1: _____

Surviving Holder / Executor / Administrator 2: _____

Executor / Administrator 3: _____

Executor / Administrator 4: _____

B Details of the Deceased

Full name of the deceased - as it appears on the register: _____

Full name of the deceased - as it appears on the death certificate/grant of probate/letters of administration/will): _____

C Sign and Date (all surviving shareholder(s), executor(s) and administrator(s))

I/We warrant that I am/we are the surviving shareholder(s), executor(s) or administrator(s) of the shareholding named above. The deceased stated in the death certificate/grant of probate/letters of administration/will is one and the same as the deceased listed on the register.

In consideration of the share issuer recognising the above as one and the same person 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.

Signatures:

Surviving Holder / Executor / Administrator 1: _____

Surviving Holder / Executor / Administrator 2: _____

Executor / Administrator 3: _____

Executor / Administrator 4: _____

_____/_____/_____
Day Month Year

() _____
Contact Number

How to complete this form

This form is used where the name of the deceased shareholder on the register does not fully correspond to that shown on the death certificate, probate, letters of administration and/or will.

A Surviving Holder(s) / Executor(s) or Administrator(s)

Provide the full names of the surviving shareholder(s), executor(s) and administrator(s).

B Details of the Deceased

Provide the full name of the deceased shareholder as it appears on the share register. This can be found on the share certificate.

Provide the full name of the deceased shareholder as it appears on the death certificate, grant of probate, letters of administration and/or will.

C Sign and Date

All surviving shareholder(s), executor(s) and administrator(s) are required to sign the form.

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.

D Please return your completed form and documents to:

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