

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

Request to Register Surviving Holder(s)

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

A Registration of Surviving Holder(s)

Surviving Holder 1 (Full Name): _____

Surviving Holder 2 (Full Name): _____

B Address/Contact Details

The address that is to be recorded on the register for this shareholding.

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

C Details of the Deceased

Deceased Holder (Full Name): _____

D Sign and Date (all surviving shareholders)

I/We am/are the surviving shareholder(s) of the shareholding named above. I/We request you register me/us as the holder(s) of the shares and agree to hold them under the same terms and conditions as previously held.

Individual/Shareholder 1	Shareholder 2	Shareholder 3
<div style="border: 1px solid black; padding: 5px;"> Sign _____ Print _____ Director </div>	<div style="border: 1px solid black; padding: 5px;"> Sign _____ Print _____ Director/Company Secretary </div>	<div style="border: 1px solid black; padding: 5px;"> Sign _____ Print _____ Sole Director and Sole Company Secretary </div>
<div style="border: 1px solid black; padding: 5px;"> Day / Month / Year </div>		<div style="border: 1px solid black; padding: 5px;"> () Contact Number </div>

*** E Death Certificate/Probate**
Please ensure that a certified copy of death certificate and probate is attached - refer to instructions over page.

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

How to complete this form

This form is used where one or more of the joint shareholders dies to register the shareholding in the name(s) of the surviving shareholder(s).

A Registration of Surviving Holder(s)

Provide the full names of the surviving shareholder(s).

B Address

Provide the address that is to be recorded for the shareholding on the Register.

C Details of the Deceased

Provide the full name of the deceased shareholder.

D Sign and Date

All surviving shareholder(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.

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

E Death Certificate

A certified copy of the death certificate must be attached.

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 |

F 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/>

G Please return your completed form and documents to:

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