Shareholder Name(s) (as it appears on the Register)

Shareholder Address (as it appears on the Register)



PO Box 454 Bendigo VIC 3552

03 5443 0344 shareregistry@afsbendigo.com.au afsbendigo.com.au/shareholders

Section 1071B Statement

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

A Section 1071B Statement		
Where probate/letters of administra	tion has/have been granted in an Aust	ralian state or territory other than
	· ·	Section 1071B of the Corporations Act
_	a transfer/transmission within three m	-
Full Name of Executor / Administrator 1:		
Full Name of Executor / Administrator 2:		
Full Name of Executor / Administrator 3:		
To the base of my four beautied as in	د	
applied for or made in	formation and belief no grant or resea	l of representation of the estate has been
	and no application for	or such a grant will be made.
Australian State or Territory where the Shares		
B Sign and Date		
Executor or Administrator 1	Executor or Administrator 2	Executor or Administrator 3
Sign	Sign	Sign

 Full Name
 Full Name
 Full Name

 Qualification
 Qualification
 Qualification

 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).
 Full Name

Witness of Executor or Administrator 2

Print

Sign

	/	/	
Day	Month	Year	

Witness of Executor or Administrator 1

Print

Sign

()				
Co	ontact	Number			

Witness of Executor or Administrator 3

Print

Sign

How to complete this form

This form is used where Australian probate/letters of administration or reseal of foreign probate/letters of administration has/have been granted in an Australian state or territory other than where the shares are registered.



A Section 1071B Statement

- Enter the full name of the executor(s)/administrator(s).
- . Enter the Australian state or territory where the shares are registered.

B Sign and Date

This form is to be signed by all the executor(s)/administrator(s).

To sign as power of attorney attach a certified copy of the power of attorney to this form if not **Power of Attorney:** previously provided to the registry.

Witness Requirements: Persons who may witness the signing of this form include:

- Chartered Accountant
- Member of the Police Force
- Certified Practising Accountant
- Postmaster
- Justice of the Peace Veterinary Surgeon
- Barrister or Solicitor
- **Diplomatic or Consular Officer**

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).

Please return your completed form and documents to:

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

Pharmacist

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Notary Public

Officer of the Court

Marriage Celebrant

Minister of Parliament

Privacy Clause: AFS & Associates Pty Ltd advises that Chapter 2C of the Corporations Act 2001 requires information about you as a shareholder (including your name, address and details of the shares you hold) to be included in the public register of the entity in which you hold shares. Information is collected to administer your shareholding and if some or all of the information is not collected then it might not be possible to administer your shareholding. Your personal information may be disclosed to the entity which you hold shares. 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).

- . Legally qualified Medical Practitioner
- Manager of a Bank or Credit Union
- or Building Society
- Australian Defence Force Officer
 - - Sheriff or Deputy Sheriff
 - Commissioner for Affidavits &
 - Declarations