All correspondence and enquiries to:



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You are required to insert this number **SRN/HIN/UNITHOLDER NUMBER**

FULL NAME(S) OF REGISTERED HOLDING

REGISTERED ADDRESS

APPOINTMENT OF AUSTRALIAN FINANCIAL SERVICES AUTHORISED REPRESENTATIVE USE A BLACK PEN. PRINT IN CAPITAL LETTERS INSIDE THE BOXES. A. Appointment of Australian Financial Services authorised representative We, the above mentioned holder appoint: To act as our representative. Australian Financial Services Licence number Authorised representative number Australian Financial Services Licensee appointed Contact name Telephone number (business hours) Telephone number (after hours) B. Sign here – this section <u>must</u> be signed for your instructions to be executed I/We authorise you to act in accordance with our instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions in respect to our securities. **Sole Director and Sole Company Secretary** Director **Director/Company Secretary** Companies: Two Directors, Director and Company Secretary or Sole Director and Sole Company Date Secretary can sign. Please indicate the office held by signing in the appropriate space.

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