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		Securityholder Refere Holder Identification N											
	(a)	Full Partio	cipation is required les held will participat	TMENT PLAN (C VARIATIO in the DRP. e in DRP. No cash payme	ON .	ΙΟΙ	N / N	ОТІ	CE	DF Box	A	_ _	
1	(b)	Please tick Box A. Partial Participation is required in the DRP. Please write in Box B the number of securities or the percentage of your total securities held you would like to participate in the DRP. The distribution on the balance of your securities (if any) will be issued in Cash. Securities provided as a result of your partial participation in the plan will automatically participate in the plan.								Box B			
1	(c) Termination of Participation in the DRP Only tick Box C if you are already in the DRP and wish to cancel your participation. (Please complete Direct Credit Authority Form to ensure that future payments may be made to your bank account)									вох	<u> </u>		
	SIGNING INSTRUCTIONS:												
! !	Individu Joint He	ual: olding: of Attorney:	This form is to be sign. Where the holding is in To sign as Power of A certified photocopy of Two Directors, Director	ed by the security holder/s. s to be signed by the securityholder. holding is in more than one name, all of the securityholders must sign. Power of Attorney, you must have already lodged it with the registry. Alternatively, attach a notocopy of the Power of Attorney to this form. ors, Director & Company Secretary, or Sole Director and Sole Company Secretary can sign. dicate the office held by signing in the appropriate space.									
	I/We authorise you to act in accordance with my/our instructions set out above in relation to participation in the DRP. I/We acknowledge I/we are aware of the terms applying to participation in the DRP and that these instructions supersede and have priority over all previous instructions.												
	Securityholder 1 (Individual)			Joint Securityholder	tyholder 2 (Individual) Joint Securityhol			older 3 (lder 3 (Individual)				
			rector &	Director	Director Director / Com					Secreta	ary		
	Sole Company Secretary If this form is returned signed, but with no option indicated, it will be treated as an election for full participation.												
	Telephone contact regarding this form Contact Name			Business Hours	Business Hours								

Privacy Statement

The personal information in this form is collected by Boardroom Pty Limited ('Boardroom"), as registrar for the issuer of the securities you hold. Boardrooms' privacy policy can be viewed on our website (www.boardroomlimited.com.au).

Your personal information is required for administration of the register of securityholdings. Should some or all of the requested information not be provided correct administration of your securityholding may not be possible. Your personal information may be disclosed to the issuer of the securities you hold, its or our related bodies corporate, external service companies such as print or mail service providers or otherwise as permitted by law. If, in accordance with the provisions of the Corporations Act the issuer of the securities you hold approves, you may be sent marketing material in addition to general corporate communications. You may elect not to receive marketing material by contacting Boardroom Pty Limited.