All correspondence and enquiries to:

				All correspondence and enquines to
Company or Trust in which Investment is Held				BoardRoom
		-		Smart Business Solutions
				GPO Box 3993 Sydney NSW 2001
Full Name(s) of				Tel: 1300 737 760 (within Aust
Registered				Tel: + 61 2 9290 9600 (outside Aust Fax: + 61 2 9279 0664
Holding				www.boardroomlimited.com.au enguiries@boardroomlimited.com.au
Registered				
Address				You are required to insert this number
				Securityholder Reference Number (SRN, Holder Identification Number (HIN) or
				Unitholder No (U)
		Post Code		
Direct Credit Faci	lity			
	-			
This form must be forward	ded to Boardroom Pty Limited.			
	Use a <u>black</u> pen. Pri	nt in Capital Ie	etters inside t	ine boxes
A Request for Dir	ect Crediting of Payments			
Please credit all cas	h payments from the above holding dire	ctly to our account at	the following Au	stralian financial institution:
Account Number BSB Number				
Name in which account is held (eg: John Smith)				
Name of Australian bank or financial institution				
Name of branch or suburb or town Type of a				nt (eg: cheque, savings)
DO NOT USE YOUR CARD NUMBER				
If you are unsure of your account or BSB number, please check with your bank. building society or credit union.				
Contact Name		Telephone Number		Telephone Number - After Hours
B Sign Here – Thi	s section <u>must</u> be signed for y	our instructions	to be execut	ted
				instructions supersede and have priority over all
previous instructions relating to payments to which I/we am/are entitled to be paid in cash, but do not override any previous Reinvestment Plan instructions.				
Individual or Secur	rityholder 1 Securityho	Dider 2		Securityholder 3
Sole Director and	Director			Director/Company Secretary
Sole Company Sec	retary			Day Month Year
			Г	
المرائدة بالمرار	This form is to be alread by the second state	voldor		1 1
Individual: Joint Holding:	This form is to be signed by the securityh Where the holding is in more than one na		olders must sign	
Power of Attorney:	To sign as Power of Attorney, you must h	· ,	0	ernatively, attach a certified photocopy of the
Companies:	Power of Attorney to this form. Two Directors, Director & Company Secr	etary, or Sole Director a	nd Sole Company	Secretary can sign.
oonpanios.	Please indicate the office held by sign			
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. Boardroom Pty Limited's privacy policy can be viewed on our website (<u>www.boardroomlimited.com.au</u>).

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.

You can obtain access to you personal information and (if required) advise of any incorrect, inaccurate or out of date data information held, by contacting Boardroom Pty Limited on 1300 737 760