

Full Name(s) of Registered Stockholders

  


Current Registered Address

  
  
 Postcode 

Account Designation

Investor Number

### Change of Details

Please use a **black** pen, print in CAPITAL letters and mark boxes with an X as required.

#### A DO YOU WANT THIS CHANGE OF INSTRUCTIONS TO APPLY TO ALL OF YOUR STOCKHOLDINGS?

Yes  No If no, then please list the holding/s you want this change of instructions to apply to.

#### B BANK ACCOUNT DETAILS (for all INTEREST and PRINCIPAL payments)

##### EXISTING

BSB number (eg 063000)  Account Number

##### NEW

You **MUST** provide an original certified copy of the nominated bank statement with this request.

##### What is an original certified copy?

An original certified copy is a copy of the original document certified to be a true and correct copy of the original by an authorised person who can witness a Statutory Declaration such as a Justice of the Peace, Chartered Accountant, Police officer etc. A full list of persons who can certify documents can be found at [www.ag.gov.au/statdec](http://www.ag.gov.au/statdec).

Due to the risks associated with payments to third parties, third party payment instructions will not be accepted.

Name in which account is held (eg JOHN JAMES SMITH)

BSB number (eg 063000)  Account Number  Name of branch or suburb or town

Name of Australian bank or financial institution

#### C TAX FILE NUMBER (TFN)

Investor may quote their TFN or ABN for this investment. While there is no obligation to provide either a TFN or ABN, where it is not quoted we are required to deduct withholding tax at the highest marginal tax rate.

Stockholder 1 Name	Tax File Number	Company
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Stockholder 2 Name	Tax File Number	Partnership
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Stockholder 3 Name	Tax File Number	Trust Account
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Stockholder 4 Name	Tax File Number	Super Fund
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

**D NEW ADDRESS (if applicable)**

PO Box/RMB/Locked Bag/Care of (c/-)/Property name/Building name (if applicable)

Unit Number/Level

Street Number

Street Name

Suburb/Town

State

Post Code

Country

*If you have any other postal requirements please write to us setting out the details very clearly.***E CONTACT DETAILS**

Telephone Number

Contact Name

Mobile Number

Email Address

**F SIGNATORY REQUIREMENTS**

1. These instructions replace any previous instructions.
2. Original form must be received by the Registry at PO Box 3722, Rhodes NSW 2138.
3. If you would like these changes to take effect before your next payment, please make sure we receive this form at least 7 working days before the payment date.

Stockholder 1

Stockholder 2

Sole Director and Sole Company Secretary/  
Director (delete one)

Director/Company Secretary(delete one)

The Common Seal of the  
company was hereunto affixed  
in accordance with its Articles of  
Association in the presence of:

Stockholder 3

Stockholder 4

Date

**Signing Requirements****Individual/Joint Holders** – all stockholders must sign.**Power of Attorney** – should this document be signed under Power of Attorney, the grantee of such power declares that no notice of revocation thereof, by death of the grantor or otherwise, has been received and that the Power has been/will be forwarded to the Registrar for noting. If not already noted by the registry, original certified copies are required.**Deceased Estate** – all executors/administrators must sign. If not already noted by the registry, send original certified copy of Probate or Letters of Administration to the Registry.**Company** – application must be signed under Common Seal, Power of Attorney or 2 Directors, a Director or Company Secretary or, in the case of a Company with Sole Director who is also the Sole Company Secretary. Positions must be stated.