

Company or Trust in which the Investment is Held

Full Name(s) of Registered Holding

Registered Address

Securityholder Reference Number (SRN) or
Holder Identification Number (HIN)



Member of Securities Registrars Association of Australia Inc.

All correspondence and enquiries to:

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Website: www.advancedshare.com.au
Email: admin@advancedshare.com.au

DIVIDEND REINVESTMENT PLAN

A DIVIDEND REINVESTMENT PLAN

I/We apply to participate in the Dividend Reinvestment Plan (DRP) as shown below:

Please complete one choice only.

FULL Participation in the DRP

I/We wish for ALL my shares (including further acquisitions) to participate in the DRP. No Cash dividend will be paid.

PARTIAL Participation in the DRP

(_____% OR _____ NUMBER OF SHARES) The dividends on the balance of your shares will be paid in cash.

TERMINATION of Participation in the DRP

I/We no longer wish to participate in the DRP. (Only tick this box if you are already in the DRP and wish to cancel ALL your participation.)

I/We agree to be bound by the rules of the DRP to apply the dividend payable in respect of the shares nominated above, during participation in the DRP in subscribing for shares to be allotted by the 'company' upon and subject to the rules of the DRP.

Note: If you select FULL DRP and provide banking details, you will receive shares in lieu of cash for upcoming dividends.

Shareholder's Contact Name

Telephone Number

Email

B SIGN HERE – This section must be signed for your instructions to be executed

Securityholder 1 (Individual)

Joint Securityholder 2 (Individual)

Joint Securityholder 3 (Individual)

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

Director/Company Secretary (delete one)

Date

Signing Instructions

Individual: This form is to be signed by the securityholder.
Joint Holding: Where the holding is in more than one name, all of the securityholders must sign.
Power of Attorney: To sign as Power of Attorney, you must have already lodged it with the registry. Alternatively, attach a certified photocopy of the Power of Attorney to this form.
Companies: Director, Company Secretary, Sole Director and Sole Company Secretary can sign. Please indicate the office held by signing in the appropriate space.