

# Letter of Authority

Please return this form to the registrar of the issuer

Company, Trust, Warrant or Product in which investment is held

Full Name(s) of Registered Holding

  

Account Designation

Registered Address

  
  
 Postcode 

Securityholder Reference Number (SRN),  
Holder Identification Number (HIN) or  
Share Certificate Number

## **A** LETTER OF AUTHORITY

PHOTOCOPIES WILL NOT BE ACCEPTED. PLEASE COMPLETE THIS FORM IN BLACK INK USING CAPITAL LETTERS.

Please accept this letter of authority as my/our authority and request for registrar, its officers and agents to provide information relating to my/our above named security holding to:

Name and Address of authorised party ("the authorised party")

  

Name of authorised party

  

I/We understand the information provided to the authorised party will be limited to the following:

### 1) Disclosure

- Holding balance
- Registration details
- Note:** The Securityholder Reference Number (SRN) or Holder Identification Number (HIN) will not be disclosed.
- If my/our tax file number (TFN)/Australian Business Number (ABN) is quoted.
- Payment instructions e.g. either by cheque, electronic direct credit or dividend/distribution reinvestment plan.
- Annual Report election.

### 2) Confirmation only of bank account details, if held.

**Note:** Requests for a transaction history, a dividend/distribution history or tax statement may attract a fee.

In consideration of registrar, its employees and agents acting upon this request, I/We hereby covenant to indemnify and forever keep indemnified the Company, its employees and agents, registrar, its employees and agents, from and against all proceedings, claims, demands, damages, reasonable amounts paid in settlement, reasonable costs and expenses, losses and liabilities of whatever nature (whether actual or contingent) suffered or incurred, sustained or threatened against registrar or the Company (including interest, reasonable legal fees and expenses charged at the usual commercial rates of the legal services provider) arising by reason of compliance with this request.

## **B** SIGNATURE(S) OF SECURITYHOLDER(S) THIS MUST BE COMPLETED

Securityholder 1 (Individual)

Sole Director and Sole Company Secretary

Joint Securityholder 2 (Individual)

Director/Company Secretary

Joint Securityholder 3 (Individual)

Witness

Witness

Witness

**Signing Instructions:** This form should be signed by the securityholder. If a joint holding, all securityholders should sign. If signed by the securityholder's attorney, the power of attorney must have been previously noted by the registry or a certified copy attached to this form. If executed by a company, the form must be executed in accordance with the company's constitution and the *Corporations Act 2001* (Cth).