

Full Name(s)
of Registered
Holding

Registered
Address

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

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DIVIDEND REINVESTMENT PLAN – APPLICATION OR VARIATION FORM

If you wish to participate, vary your participation or terminate your participation in the Dividend Reinvestment Plan (“DRP”), please complete and sign this form and return it to BoardRoom via post, fax or email.

DRP rules available on request or can be downloaded from the company’s website

I/We wish to participate in the DRP as follows (please tick one box).

Option 1

Full participation in the DRP

☐

Please tick this box if you wish to elect that all Shares registered in your name, including any additional Shares acquired from time to time, will participate in the DRP.

Option 2

Partial participation in the DRP

Please write in the box the number of Shares registered in your name you would like to participate in the DRP. The Dividends on the balance of your Shares not participating in the DRP will be issued in cash.

Option 3

Termination of participation in the DRP

☐

Please tick this box if you wish to terminate participation of your Shares in the DRP.

Sign Here – This section must be signed for your instructions to be executed

I/we authorise the Board to apply my/our Dividends (to the extent specified above and subject to any Minimum Participating Holding or Maximum Participating Holding) in subscribing for Shares, or purchasing Shares, in accordance with the terms and conditions of the DRP and the Rules. I/We acknowledge that these instructions supersede any Direct Credit instructions relating to dividend/distribution payments to which I/we am/are entitled to be paid.

Individual or Securityholder 1

Sole Director and
Sole Company Secretary

Securityholder 2

Director

Securityholder 3

Director/Company Secretary

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signing Instructions

Individual: This form is to be signed by the Securityholder.
Joint Holding: Where the holding is in more than one name, all the Securityholders must sign.
Power of Attorney: To sign as Power of Attorney, you must have already lodged it with Boardroom Pty Limited.
Alternatively, attach a certified photocopy of the Power of Attorney to this form.
Companies: In accordance with the company's constitution and *Corporations Act 2001* (Cth)
(or for New Zealand Companies, the *Companies Act 1993*).

Please indicate the office held by signing in the appropriate space.

Privacy Statement:

The personal information provided in this form is collected by Boardroom Pty Limited, as registrar for the issuer of the securities you hold. Boardroom Pty Limited's 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 the general corporate communications. You may elect not to receive marketing material by contacting Boardroom Pty Limited

Please return completed form by post, fax or email to:

Post Boardroom Pty Limited
GPO Box 3993, Sydney NSW 2001, Australia

Fax +61 2 9279 0664

Email enquiries@boardroomlimited.com.au
