

**Company or Trust in which Investment is Held**




**Full Name(s)  
of Registered  
Holding**

  


**Registered  
Address**

  
  


Post Code

**All Correspondence to:**

Registries Limited  
 GPO Box 3993,  
 Sydney NSW 2001  
**Tel:** 1300 737 760 (within Aust)  
**Tel:** + 61 2 9290 9600 (outside Aust)  
**Fax:** + 61 2 9279 0664  
 www.registries.com.au  
 registries@registries.com.au

**You are required to insert this number**

**Securityholder Reference Number (SRN)**

**Intestate Statement and Indemnity**

Use a **black pen**. Print in **CAPITAL** letters inside the boxes

**A Intestate Statement and Indemnity**

Description of Securities  
(Shares, Options etc.)

Number of  
Securities held

I/We do solemnly declare that I am/we are the next of kin entitled to apply for Letters of Administration of the estate of the registered holder of the securities detailed above.

The above named securityholder to the best of my/our knowledge and belief, died without leaving a will and no grant of representation of the estate of the deceased has been applied for or made and no application will be made.

I/We hereby request that the securities be registered in my/our name(s) and address as detailed below.

**Full name(s) of Next of Kin**

  


**Address to be recorded on the register**

Unit Street Number Street Name

**OR Post Office Box or other mail details (if applicable)**

City/Suburb/Town

State

Post Code




I/We request the issue of a securityholder reference number and in consideration hereby covenant hereby covenant to indemnified and forever keep indemnified the security issuer, the directors and trustees of the security issuer, Registries Limited and the directors and officers of Registries Limited from and against all losses in respect thereof and all claims, actions, proceedings, demands, costs and expenses whatsoever which may be made or brought against them by reason of compliance with this request.

Contact Name

Telephone Number - Business Hours

Telephone Number - After Hours

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

I/We authorise you to act in accordance with my/our instructions set out above.

**Next of Kin 1**

**Next of Kin 2**

**Next of Kin 3**

**Witness**

**Witness**

**Witness**

The witness(es) certifies that the person(s) who has/have signed this statement is/are known to them and has/have signed in the presence of the witness with their normal signature(s)

Day Month Year