All correspondence and enquiries to:

BoardRoom
Smart Business Solutions
GPO Box 3993
Sydney NSW 2001
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Tel: + 61 2 9290 9600 (outside Aust)
Fax: + 61 2 9279 0664
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Company or Trust in which Investment is Held

Full Name(s) of Registered Holding

Registered Address

Post Code

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 to indemnify and forever keep indemnified the security issuer, the directors and trustees of the security issuer, Boardroom Pty Limited and the directors and officers of Boardroom Pty 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