

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



**All Correspondence to:**  
**Boardroom Pty Limited**  
 Level 7, 207 Kent Street Sydney NSW 2000  
 GPO Box 3993 Sydney NSW 2001

**In Australia**  
 Phone 1300 737 760 Fax 1300 653 459  
**International**  
 Phone +61 2 9290 9600 Fax +61 2 9279 0664

Email corval@boardroomlimited.com.au

**You are required to insert this number**  
**Securityholder Reference Number (SRN) or**  
**Holder Identification Number (HIN)**

Full Name(s) of Registered Holding

Registered Address

Post Code

**Name Correction Request and Indemnity**

**Uncertificated CHESSE Holdings** - This form must be forwarded to the CHESSE Sponsoring Broker or Non-Broker Participant.

**Uncertificated Issuer Sponsored Holdings** - This form must be forwarded to Registries Limited

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

**A Name Correction**

My-Our full and correct name(s) are:

  
  


I am/We are one and the same as the name registered on the holding.

There has been no change in beneficial ownership and I/we request my/our full and correct name(s) be recorded on the register.

In consideration of the security issuer amending the register I/we hereby covenant to indemnify 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 and witnessed for your instructions to be executed**

I/We authorise you to act in accordance with my/our instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions with respect to my/our securities.

**Individual or Securityholder 1**

Sole Director and Sole Company Secretary

**Securityholder 2**

Director

**Securityholder 3**

Director/Company Secretary

**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

**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.