

Company or Trust in which Investment is Held

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

Full Name(s) of
Registered
Holding

Registered
Address

Post Code

You are required to insert this number

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

Direct Credit Facility

This form must be forwarded to Registries Limited.

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

A Request for Direct Crediting of Payments

Please credit all cash payments from the above holding directly to our account at the following Australian financial institution:

Account Number

BSB Number

Name in which account is held (eg: John Smith)

Name of Australian bank or financial institution

Name of branch or suburb or town

Type of account (eg: cheque, savings)



DO NOT USE YOUR CARD NUMBER

If you are unsure of your account or BSB number, please check with your bank, building society or credit union.

Contact Name

Telephone Number - Business Hours

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Telephone Number - After Hours

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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. I/We acknowledge that these instructions supersede and have priority over all previous instructions relating to payments to which I/we am/are entitled to be paid in cash, but do not override any previous Reinvestment Plan instructions.

Individual or Securityholder 1

Sole Director and
Sole Company Secretary

Securityholder 2

Director

Securityholder 3

Director/Company Secretary

Day Month Year

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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.