

Company or Trust in which Investment is Held

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Full Name(s)
of Registered
Holding

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Registered
Address

Post Code

Securityholder Reference Number (SRN)

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Intestate Statement and Indemnity

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

A	B	C	1	2	3
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A Intestate Statement and Indemnity

Description of Securities Number of Securities held

I/We do solemnly and sincerely declare 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 for such grant 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

City/Suburb/Town	State	Post Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

In consideration of the security issuer registering the securities in my/our name(s) I/we hereby covenant to indemnify and forever keep indemnified the security issuer, the directors and trustees of the security issuer, the security registrar and the directors and officers of the security registrar 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
<input type="text"/>	() <input type="text"/>	() <input type="text"/>

E 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.

Next of Kin 1	Next of Kin 2	Next of Kin 3
<input type="text"/>	<input type="text"/>	<input type="text"/>
Witness	Witness	Witness
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

NOTE: **Australian** The Corporations Act 2001 imposes severe penalties for making a false statement (\$10,000 or 2 years imprisonment or both) or failing to ensure a statement is not false or misleading (\$5,000 or 1 year imprisonment or both) **26/06/2001**
Overseas Please complete this statutory declaration in accordance with the laws of the country in which it is declared and ensure it is legally witnessed