

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)

Certificate Replacement Request – Brokers

Statutory Declaration and Statement Pursuant to Section 1070D of the Corporations Act 2001

Certificated Holdings - This form must be forwarded to the Issuer's Registry.

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

A Replacement of Certificate

I

Director/Secretary of (CHESS Participant)

Do solemnly declare that I am authorised by the Participating Organisation to make this declaration on behalf of the above named holder of the following securities

Description of Securities	<input type="text"/>	Number of Securities held	<input type="text"/>
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which has/have been lost or destroyed and has not/have not been pledged, sold or otherwise disposed of. All proper searches have been made for the certificate(s) and if ever found or received by me/us I/we undertake to immediately return the certificate(s) to the security issuer for cancellation.

Certificate Number	<input type="text"/>	Number of Securities	<input type="text"/>
Certificate Number	<input type="text"/>	Number of Securities	<input type="text"/>

I/We request the issue of a replacement certificate and in consideration 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"/>

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.

Director of <Broker Name>	Name	Day	Month	Year
<input type="text"/>	<input type="text"/>	/	/	<input type="text"/>
Witness	Name	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).		
<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).