						All correspon	dence and enq	uiries to:
Company or Trust in which Investment is Held					BoardRoom			
							Smart Business GPO	Solutions Box 3993
						T.1.	Sydney N	ISW 2001
Full Name(s) of							1300 737 760 (wit 2 9290 9600 (outs	
Registered Holding		,					Fax: + 61 2 9	
riolality							ooardroomlimite	
Registered Address					You are required to insert this number			
	\	,					erence Number (
					но		ion Number (HIN) der No (U)	or
	V			1	1 1		1 1 1	
			Post Code				1 1 1	
Direct Credi	t Facility		1 051 0040					
Direct Credi	t racility							
This form must be	e forwarded to Boardroom Pty I	Limited.						
	Use a <u>b</u> l	lack pen. Print in	CAPITAL I	etters insid	e the box	xes		
A Request	for Direct Crediting of P	avments						
•	lit all cash payments from the al	•	our account at	the following	Australian f	financial instituti	on·	
		sove notaling all eatily to	our doodunt de	•		manolal motitati	011.	
Account Nu	imber T I I I I I			BSB Numb	 			
, ,				1 1				
Name in wh	ich account is held (eg: John S	Smith)						
	T	1 1 1 1		1 1 1	1 1 1		T T T	
				1 1 1			1 1 1	
Name of Au	stralian bank or financial institu	tion						
	_							
Name of bra	Name of branch or suburb or town Typ					heque, savings)		
	O NOT USE YOUR CAP		a abaak with va	ur bank buila	lina coolotu	or gradit union		
·	you are unsure of your account		•		•			
Contact Name	<u>e</u>	Tel	ephone Number	- Business Hou	irs	Telephone Num	ber - After Hours	
D. Cimalian		-!!		4 - 1				
ŭ	e – This section <u>must</u> be	•						
	e you to act in accordance with my ructions relating to payments to whi							111
	or Securityholder 1	Securityholder 2			, ,	yholder 3		
iliulviuual C	Ji Securityriolder 1	Securityriolder 2			Security	ynoidei 3		
Sole Direct	or and	Director			Director	r/Company Sec	retary	1
Sole Comp	any Secretary				D	Manada		
					Day	Month	Year	ī
						1	1	
Individual:	This form is to be sign	ed by the securityholder.					<u> </u>	

Power of Attorney:

Joint Holding: Where the holding is in more than one name, all of the securityholders must sign.

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: Two Directors, Director & Company Secretary, or Sole Director and Sole Company Secretary can sign.

Please indicate the office held by signing in the appropriate space.

Privacy Statement

The personal information in this form is collected by Boardroom Pty Limited ('Boardroom"), as registrar for the issuer of the securities you hold. Boardroom Pty Limited's privacy policy can be viewed on our website (www.boardroomlimited.com.au).

Your personal information is required for administration of the register of securityholdings. Should some or all of the requested information not be provided correct administration of your securityholding may not be possible. Your personal information may be disclosed to the issuer of the securities you hold, its or our related bodies corporate, external service companies such as print or mail service providers or otherwise as permitted by law. If, in accordance with the provisions of the Corporations Act the issuer of the securities you hold approves, you may be sent marketing material in addition to general corporate communications. You may elect not to receive marketing material by contacting Boardroom Pty Limited.

You can obtain access to you personal information and (if required) advise of any incorrect, inaccurate or out of date data information held, by contacting Boardroom Pty Limited on 1300 737 760