TAX FILE NUMBER (TFN) and BANKING FORM

QUESTE COMMUNICATIONS LTD
ABN 58 081 688 164
www.queste.com.au

SRN/HIN _____

Name : _____

Address: _____

_____

THIS NOTICE IS ONLY VALID WHEN IT IS SIGNED

ALL CORRESPONDENCE TO:
Advanced Share Registry Services
PO Box 1156
Nedlands, Western Australia 6909
Telephone: (08) 9389 8033
Facsimile: (08) 9262 3723

PO BOX Q1736, Queen Victoria Building
Sydney, New South Wales 1230
Telephone: (02) 8096 3502
Email: admin@advancedshare.com.au
Investor Web: www.advancedshare.com.au

SECTION A - TAX FILE NUMBER (only complete if your have not previously quoted your TFN)

Enter your Tax File Number (TFN) or exemption category. Where applicable, please enter the TFN for either Shareholder 2 or Shareholder 3. Collection of TFN's is authorised by taxation laws. Quotation of your TFN is not compulsory. However, under Australian tax law, an investor who does not provide their TFN or exemption category may have an amount of tax deducted from any payments made equal to the highest marginal tax rate plus Medicare levy.

Shareholder Name(s)	Tax File Number OR TFN Code	Investor Entity Type	*Non-Resident Country
(1)			
(2)			
(3)			

Investor Entity Type

I Individual	**C** Corporation	**T** Trust	**G** Government organisation
D Deceased individual	**P** Partnership	**S** Superannuation fund	**O** Other non-individual

TFN Code	Description
333333333	**Investor under sixteen** – where the investor is a child under the age of sixteen and does not quote a TFN.
444444441	**Investor is a pensioner** - where the investor is a recipient of a Social Security (age or invalid) or Service (veteran's) pension an exemption from quoting a TFN may be claimed.
444444442	**Investor is a recipient of other eligible Social Security pension or benefit** (e.g., Parenting Payment, Widow Allowance, etc). New Start Allowance or Sickness Allowance, etc. are not eligible benefits for exemption purposes.
555555555	**Entity not required to lodge an income tax return** – the investor entity is exempted from lodging income tax returns.
666666666	**Investor in the business of providing consumer or business finance.**
777777777	**Norfolk Island resident.**
888888888	**Non-resident – person who is not a resident of Australia.** ***If 888888888 is used then provide the country of residence.**

SECTION B - PAYMENT OF DISTRIBUTIONS VIA BANK TRANSFER

I/We hereby request that, until otherwise advised in writing, all distributions (including dividends and capital returns) payable in cash in respect of my/our shareholding in QUESTE COMMUNICATIONS LTD are to be redirected into the following Australian bank / building society account:

Name of account

(**Note: The name(s) must be the same as that/those printed above or include at least one of them. Dividends cannot be credited to third party accounts**).

BSB Number (Bank/State/Branch)

Account Number

Name of Bank/Financial Institution **Branch Suburb/Town** **Contact Telephone Number**

PLEASE SIGN BELOW

Signature of Individual Shareholder(s)
(All joint holders must sign)

× _____
Signature Date

× _____
Signature Date

× _____
Signature Date

Signatures of Companies Only - Executed in accordance with the Company's Constitution and the Corporations Act.

× _____
Sole Director and Sole Secretary Date

OR × _____ × _____
Director Date Secretary Date

OR × _____ × _____
Director Date Director Date

Note: If signed under Power of Attorney, a Certified Copy of the relevant Power of Attorney document must be exhibited to the Registry. The Attorney declares that he/she has had no notice of revocation of the Power of Attorney.