

Company or Trust in which the Investment is Held

Full Name(s) of Registered Holding

Registered Address

Securityholder Reference Number (SRN) or

Holder Identification Number (HIN)

All correspondence and enquiries to:

110 Stirling Highway, Nedlands Western Australia 6009
PO Box 1156, Nedlands Western Australia 6909
Telephone: (08) 9389 8033
Facsimile: (08) 9262 3723

Suite 8H, 325 Pitt Street, Sydney NSW 2000
PO Box Q1736, Queen Victoria Building, NSW 1230
Telephone: (02) 8096 3502

Website: www.advancedshare.com.au

Email: admin@advancedshare.com.au

A TAX FILE NUMBER (TFN), AUSTRALIAN BUSINESS NUMBER (ABN) OR EXEMPTION NOTIFICATION

Enter your Tax File Number (TFN) or exemption category. Where applicable, please enter the TFN for either Shareholder 2 or Shareholder 3. A Company, Partnership, Trust, Super Fund or an Individual can provide either their TFN, or, where the securities are held for a business purpose, their ABN. 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)	TFN, ABN or TFN Code	Investor Entity Type	** Non-Resident Country
1)			
2)			
3)			

Investor Entity Type

<input type="checkbox"/> I Individual	<input type="checkbox"/> C Corporation	<input type="checkbox"/> T Trust	<input type="checkbox"/> G Government organization
<input type="checkbox"/> D Deceased individual	<input type="checkbox"/> P Partnership	<input type="checkbox"/> S Superannuation fund	<input type="checkbox"/> 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.

B PAYMENT OF DIVIDENDS VIA BANK TRANSFER

Please note if you have selected to participate in the Dividend Reinvestment plan previously, you will receive shares in lieu of cash unless you **Terminate** participation. I /We hereby request that, until otherwise advised in writing, all dividends payable in cash in respect of my/our shareholding are to be redirected into the following Australian bank / building society account:

Name of account (e.g. John Smith)

(Note: The name(s) must be the same as that/those printed above. Dividends cannot be credited to third party accounts).

BSB Number (must be 6 digits)

Account Number

Name of Bank/Financial Institution

Branch Suburb/Town

Shareholder's Contact Number

C ANNUAL REPORT ELECTION

Please mark "X" in the box if you DO NOT wish to receive a hard copy Annual Report from the Company as indicated below.

If you wish to receive the Annual Report by email, please mark "X" in this box and state your email address

Email :

Please note where an "X" is not marked, the Annual Report will continue to be mailed to you. All holders will continue to receive a Proxy Form and Notice of Meeting.

D SIGN HERE – This section must be signed for your instructions to be executed

Securityholder 1 (Individual)	Joint Securityholder 2 (Individual)	Joint Securityholder 3 (Individual)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Sole Director and Sole Company Secretary/ Director (delete one)	Director/Company Secretary (delete one)
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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.