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Company or Trust in which Investment is Held

**Full Name(s)
 of Registered
 Holding**

**Registered
 Address**

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**Unitholder Number (UHN)
 Securityholder Reference Number (SRN) or
 Holder Identification Number (HIN)**

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**DIVIDEND OR DISTRIBUTION REINVESTMENT PLAN (DRP)
 APPLICATION / NOTICE OF VARIATION**

Please complete one choice only

- (a) **Full Participation is required in the DRP.**
 All securities held will participate in DRP. No cash payment will be issued.
 Please tick Box A. **Box A**

- (b) **Partial Participation is required in the DRP.**
 Please write in Box B the number of securities or the percentage of your total securities held you would like to participate in the DRP. The distribution on the balance of your securities (if any) will be issued in Cash. Securities issued as a result of your partial participation in the plan will automatically participate in the plan. **Box B**

- (c) **Termination of Participation in the DRP**
 Only tick Box C if you are already in the DRP and wish to **cancel your participation**.
 (Please complete Direct Credit Authority Form to ensure that future payments may be made to your bank account) **Box C**

SIGNING INSTRUCTIONS:

This form is not valid unless signed by the security holder/s.

- Individual:** This form is to be signed by the securityholder.
- Joint Holding:** Where the holding is in more than one name, all of the securityholders must sign.
- Power of Attorney:** 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.

I/We authorise you to act in accordance with my/our instructions set out above in relation to participation in the DRP. I/We acknowledge I/we are aware of the terms applying to participation in the DRP and that these instructions supersede and have priority over all previous instructions.

Securityholder 1 (Individual)	Joint Securityholder 2 (Individual)	Joint Securityholder 3 (Individual)
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
Sole Director & Sole Company Secretary	Director	Director / Company Secretary

f this form is returned signed, but with no option indicated, it will be treated as an application for full participation.

Telephone contact regarding this form

Contact Name	Business Hours
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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. Boardrooms' 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