

Company or trust in which securityholding is held

Registered name(s)

Registered address

Holder Identification Number (HIN)
or Securityholder Reference Number (SRN)

Use a black pen.
Print in CAPITAL letters.

A	B	C	1	2	3
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Where a choice is required,
mark the box with an 'X'

Direct Credit

A **Direct credit into an Australian or New Zealand account**

 If the company you hold securities in has mandatory (compulsory) direct crediting, you must complete and submit this form to receive any payments.

BSB number Account number Suffix no (NZ residents only)

 **DO NOT USE YOUR CREDIT CARD NUMBER**
If you are unsure of your BSB, account or suffix number, please check with your bank or financial institution.

Name in which account is held (eg. JOHN SMITH)

Name of bank or financial institution

Name of branch or suburb or town Country AUS NZL

B Your contact details Your daytime telephone number

C **Sign here - this section must be signed before we can process this form.**

I/We authorise you to act in accordance with my/our instructions set out above. I/We acknowledge that these instructions override all previous instructions relating to payments to which I/we am/are entitled to be paid in cash, but this form will not override any Reinvestment Plan instructions if applicable.

Individual or Securityholder 1 Securityholder 2 Securityholder 3

Director Director/Company Secretary Sole Director and Sole Company Secretary

Please Note: If you are signing this form on behalf of the securityholder as their attorney under a Power of Attorney, you confirm that you have not been advised that the Power of Attorney has been revoked. A certified copy of the Power of Attorney must be lodged with this form to allow processing.

Day / Month / Year

