

**COMPANY (OR COMMUNITY BANK) IN WHICH SHARES ARE HELD**

Shareholder Name(s) (as it appears on the Register)

Shareholder Address (as it appears on the Register)



PO Box 454  
Bendigo VIC 3552  
Phone (03) 5443 0344  
Fax (03) 5443 5304

[shareregistry@afsbendigo.com.au](mailto:shareregistry@afsbendigo.com.au)  
[www.afsbendigo.com.au](http://www.afsbendigo.com.au)

ABN 51 061 795 337

**Shareholder Details**

- ✓ Please use a black pen and print in CAPITAL letters.
- ✓ Please refer to instructions on the back of this form.
- ✓ Complete A, B and/or C if applicable.
- ✓ All shareholders to complete D and E.

<b>A New Address/Contact Details (if applicable)</b>		
<input type="text"/> Unit	<input type="text"/> Street Number or PO Box	<input type="text"/> Street Name
<input type="text"/> City/Town/Suburb	<input type="text"/> State	<input type="text"/> Postcode
<input type="text"/> Telephone	<input type="text"/> Mobile	<input type="text"/> Email @

<b>B TFN/ABN/Exemption Details (if applicable)</b>	
<input type="text"/> Individual / Company / Partnership / Trust / Super Fund Please circle type of entity	
<input type="text"/> Shareholder 1: Full Name	<input type="text"/> Shareholder 1: TFN/ABN/Exemption Code
<input type="text"/> Shareholder 2 or 3: Full Name	<input type="text"/> Shareholder 2 or 3: TFN/ABN/Exemption Code

<b>C Request for Direct Credit of Dividends (if applicable)</b>	
<input type="text"/> Bank Account Name	
<input type="text"/> BSB	<input type="text"/> Account Number (Please do NOT provide your card number)
<input type="text"/> Name of Financial Institution	<input type="text"/> Name of Branch or Suburb or Town

**D Sign and Date (all shareholders)**  
I/We authorise you to act in accordance with my/our instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions in respect of my/our shares and will remain in effect until I/we amend our instructions.

Individual/Shareholder 1	Shareholder 2	Shareholder 3
Sign: ..... Print: ..... Director	Sign: ..... Print: ..... Director/Company Secretary	Sign: ..... Print: ..... Sole Director and Sole Company Secretary
Day / Month / Year		( ) Contact Number

**\* E Identification (all shareholders)**  
Please ensure that a certified copy of photo identification is attached - refer to instructions over page.

## How to complete this form

### A New Address/Contact Details (if applicable)

Only complete this section if you wish to advise of a new address. Insert new details.

### B TFN/ABN/Exemption Details (if applicable)

- Only complete this section if you wish to advise tax file number (TFN), Australian business number (ABN) or exemption details. Circle the entity type, provide the full name of the shareholder and applicable TFN, ABN or exemption Code.
- Collection of TFNs is authorised and their use and disclosure are strictly regulated by the tax laws and the *Privacy Act.1988*. It is not an offence to withhold your TFN or, where the shares are held for a business purpose, your ABN. However, if you do not provide your TFN or ABN, tax may be deducted from payments of interest and the unfranked portion of dividends and distributions at the highest marginal rate.
- This instruction will be applied in relation to the current and any future shares recorded in the register for the holding(s) identified by the name appearing on the front of this form.
- If you are exempt, but have a TFN, is it safer to provide your TFN in case your circumstances change.
- For investments held jointly, details of only two holders are required. If possible, you should give details of those shareholders with a TFN rather than those who are exempt.
- For shares held on behalf of another person, such as a child or an aged or invalid person, enter the trust TFN. If there is no trust TFN, enter the trustee's TFN or exemption. Where the investment is held by an adult for a child, the adult is the trustee.
- Exemption Codes:  
For details about who is exempt, please contact the Australian Taxation Office. To claim your exemption, please enter the number of the pension or benefit you receive from the following list:

DESCRIPTION	EXEMPTION CODE	DESCRIPTION	EXEMPTION CODE
Aged Pension	444444441	Carer's Pension	444444442
Invalid Pension	444444441	Non Profit Organisation	555555555
Rehabilitation Allowance	444444442	Service/Veteran's Pension	444444441
Sole Parent's Pension	444444442	Special Benefit	444444442
Widow's Pension	444444442	Wife's Pension	444444442

### C Request for Direct Crediting of Dividends (if applicable)

Complete this section if you wish to have dividends paid directly into your Australian bank account.

**Do not provide your card number.** Check with your financial institution if you are unsure of your BSB/account number.

### D Sign and Date

- Individual:** This form is to be signed by the shareholder.
- Joint Holding:** Where the holding is in more than one name, all of the shareholders must sign.
- Power of Attorney:** To sign as power of attorney attach a certified copy of the power of attorney to this form if not previously provided to the registry.
- Companies:** Please indicate the office held by signing in the appropriate space.

### E Identification (to protect your investment)

**Individual:** This form **must** be accompanied by a certified copy of a photo identification document such as an Australian drivers licence or passport.

**Companies:** This form **must** be accompanied by a certified copy of the most recent company statement issued by ASIC and a certified copy of current drivers licence or passport for each office bearer signing the form. Please ensure the company key on your company statement is not visible.

The certification must contain a statement that it is a 'true and correct copy' of the original. The certification must be original (that is, no photocopies or faxes). Documents can be certified by:

- Chartered Accountant
- Certified Practising Accountant
- Postmaster
- Justice of the Peace
- Veterinary Surgeon
- Member of the Police Force
- Australian Defence Force Officer
- Legally qualified Medical Practitioner
- Manager of a Bank or Credit Union or Building Society
- Barrister or Solicitor
- Diplomatic or Consular Officer
- Sheriff or Deputy Sheriff
- Commissioner for Affidavits & Declarations
- Pharmacist
- Notary Public
- Officer of the Court
- Minister of Parliament
- Marriage Celebrant

### F Please return your completed form and documents to:

**AFS & Associates Pty Ltd**  
**Share Registry**  
**PO Box 454**  
**Bendigo VIC 3552**

**Privacy Clause:** AFS & Associates Pty Ltd advises that Chapter 2C of the *Corporations Act 2001* requires information about you as a shareholder (including your name, address and details of the shares you hold) to be included in the public register of the entity in which you hold shares. Information is collected to administer your shareholding and if some or all of the information is not collected then it might not be possible to administer your shareholding. Your personal information may be disclosed to the entity which you hold shares. You can obtain access to your personal information by contacting us at the address or telephone number shown on this form. Our privacy policy is available on our website ([www.afsbendigo.com.au](http://www.afsbendigo.com.au)).