

Company or Trust in which the Investment is Held

Registered Name(s)

Registered Address

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



All correspondence and enquiries to:

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PO Box 1156, Nedlands Western Australia 6909  
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PO Box Q1736, Queen Victoria Building, NSW 1230  
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Email: [admin@advancedshare.com.au](mailto:admin@advancedshare.com.au)

## DIVIDEND REINVESTMENT PLAN PARTICIPATION AND CANCELLATION

### A DIVIDEND REINVESTMENT PLAN PARTICIPATION

I/We apply to participate in the Dividend Reinvestment Plan (DRP) as shown below: **(Please mark one box)**

FULL Participation in the DRP

I/We wish for ALL my shares (including further acquisitions) to participate in the DRP. No Cash dividend will be paid.

PARTIAL Participation in the DRP

( \_\_\_\_\_ % OR \_\_\_\_\_ NUMBER OF SHARES) The dividends on the balance of your shares will be paid in cash.

I/We agree to be bound by the rules of the DRP to apply the dividend payable in respect of the shares nominated above, during participation in the DRP in subscribing for shares to be allotted by the 'company' upon and subject to the rules of the DRP.

**Note:** If you select FULL DRP and provide banking details, you will receive shares in lieu of cash for upcoming dividends.

### B DIVIDEND REINVESTMENT PLAN CANCELLATION

I/We wish to cancel participation in the DRP as indicated below.

TERMINATION of Participation in the DRP

Only tick this box if you are already in the DRP and wish to cancel ALL your participation. If you omit to mark the box above, your DRP participation will **NOT** be cancelled by completing the banking instructions.

I/We hereby request that, until otherwise advised in writing, all payments in cash in respect of my/our shareholding 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. Dividends cannot be credited to third party accounts).

BSB Number (Bank/State/Branch)

Account Number

Name of Bank/Financial Institution

Branch Suburb/Town

Securityholder's Contact Name

Telephone Number

Email

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

Individual or Securityholder 1

Sole Director and Sole Company Secretary

Securityholder 2

Director/Company Secretary

Securityholder 3

Director

Day Month Year

#### Signing Instructions

- 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: Director, Company Secretary, Sole Director and Sole Company Secretary can sign. Please indicate the office held by signing in the appropriate space.