

Full Name(s) of Registered Holding

Account Designation

--

Registered Address

Postcode	

Securityholder Reference Number (SRN)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

A REINVESTMENT PLAN APPLICATION OR VARIATION

Please use a BLACK pen. Print CAPITAL letters inside the shaded areas.

A	B	C
---	---	---

1	2	3
---	---	---

Where a choice is required, mark the box with an 'X'

X

This form is to be completed where the securityholder wishes to have their payments reinvested under the rules of the Reinvestment Plan (DRP). I/We being the above named holder of registered securities wish to participate in the DRP as indicated below.

I/We authorise the application of the payment to me/us with respect to the number of securities participating in the DRP at the price and subject to the rules of the DRP.

I/We hereby agree to be bound by the rules of the DRP in subscribing for additional securities.

I/We acknowledge that I/we may vary or cancel my/our participation in the DRP, in accordance with the rules of the DRP. This will cancel any earlier DRP instructions and take priority over any direct credit instructions.

Degree of Participation (cross appropriate box):

<input type="checkbox"/>	FULL PARTICIPATION	– Including any further acquisitions.
--------------------------	---------------------------	---------------------------------------

or

<input type="checkbox"/>	PARTIAL PARTICIPATION	– Please specify the number of securities to participate in the DRP							
		<table border="1" style="width: 100%; height: 40px;"> <tr><td style="width: 15%;"> </td><td style="width: 15%;"> </td><td style="width: 15%;"> </td><td style="width: 15%;"> </td><td style="width: 15%;"> </td><td style="width: 15%;"> </td><td style="width: 15%;"> </td></tr> </table>							

or

<input type="checkbox"/>	CANCEL	– If you wish to cancel your DRP participation.
--------------------------	---------------	---

B SIGNATURE(S) OF SECURITYHOLDER(S) – THIS MUST BE COMPLETED

Securityholder 1 (Individual)

--

Joint Securityholder 2 (Individual)

--

Joint Securityholder 3 (Individual)

--

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

Director/Company Secretary (delete one)

Date ____/____/____

Signing Instructions: This form should be signed by the securityholder. If a joint holding, all securityholders should sign. If signed by the securityholder's attorney, the power of attorney must have been previously noted by the registry or a certified copy attached to this form. If executed by a company, the form must be executed in accordance with the securityholder's constitution and the *Corporations Act 2001* (Cwlth) (or for New Zealand companies, the *Companies Act 1993*).

Privacy Clause: Link Market Services Limited advises that Chapter 2C of the *Corporations Act 2001* requires information about you as a securityholder (including your name, address and details of the securities you hold) to be included in the public register of the entity in which you hold securities. Information is collected to administer your securityholding and if some or all of the information is not collected then it might not be possible to administer your securityholding. Your personal information may be disclosed to the entity in which you hold securities. 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.linkmarketservices.com.au).

