Shaw and Partners Limited (ABN 24 003 221 583)
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Intestate Statement & Indemnity

PLEASE COMPLETE THIS FORM USING BLOCK LETTERS AND BLACK OR BLUE PEN						
Company or Trust in which investment is held						
Full Name(s) of Registered Holding						
Registered address						
		State		Postcode		
Security Reference Number (SRN) or Holder Identification Number (HIN)						
You are required to insert this number						
A. INTESTATE STATEMENT & INDEMNITY	′					
Description of Securities (Shares, Options etc)			Number of Securities held			
I/We do solemnly and sincerely declare I am/we are the next of kin entitled to apply for Letters of Administration of the estate of the registered holder of the securities detailed above. The above named security holder to the best of my/our knowledge and belief, died without leaving a will and no grant of representation of the estate of the deceased has been applied for or made and no application for such grant will be made. I/We hereby request that the securities be registered in my/our name(s) and address as detailed below. I/We request Shaw Stockbroking Limited ("Shaw") to act as broker to facilitate such registration.						
Full name(s) of Next of Kin						
Address to be recorded on the Register						
		State		Postcode		
In consideration of Shaw acting as broker to facilitate the registration of the securities and the security issuer registering the securities in my/our name(s) I/we hereby covenant to indemnify and forever keep indemnified Shaw, the security issuer, the directors and trustees of the security issuer, the security registrar and the directors and officers of the security registrar from and against all losses in respect thereof and all claims, actions,						
			nem by reason of compliance with this request.			
Contact name	Telephone number: Business Hours		Telephone num	Telephone number: After Hours		
B. CLIENT SIGNATURE (This section must	be signed and witnessed for your instruction	ns to be exe	ecuted)			
I/We authorise you to act in accordance with	·					
Signature of Next of Kin 1	Signature of Next of Kin 2		Signature of Next of Kin 3			
×	×		×	×		
Signature of Witness	Signature of Witness		Signature of Witness			
×	×		×			
The Witness(es) certifies that the person(s) witness with their normal signature(s).	who has/have signed this statement is/are kr	own to ther	n and has/have sigr	ned in the p	resence of the	
Executed on						
DD / MM / YYYY						
	Act 2001 imposes severe penalties for mak ensure a statement is not false or misleading				mprisonment or	
Overseas: Please complete t is legally witnesse	this statutory declaration in accordance with d.	the laws of	the country in which	h it is declar	ed and ensure it	