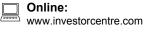


**Return your information:** 





Please enter name and address in box below:

#### Enquiries:

(within Australia) 1300 850 505 (international) +61 3 9415 4000

Please enter SRN/HIN in boxes below:



Service For your security keep your SRN/HIN confidential.

D I 0 0 1

# **Dividend Reinvestment Plan**

	<u>ick</u> pen. APITAL lette e grey areas.	rs A	B C 1 2	3 Where a choic mark the box	•					
Α	Dividen	d Reinve	estment Plan (DRP	<b>'</b> )						
	ALL Please mark this box with an 'X' if you wish all of your holding to participate in the company's DRP.									
	X	PART				Show the number of securities you wish to participate in the company's DRP.				
В	Sign He	ere - This	section <u>must</u> be s	signed for your i	instruc	tions to be executed.				
	instructions i	in respect to n	,			owledge that these instructions supersede and have priority over all previous Dividend Reinvestment Plan, I/we hereby agree to be bound by the Terms				

Individual or Securityholder 1	Securityholder 2		Securityholder 3			
Director	Director/Company Secretary		DRR 197CONF_0_Sample_Fulfilment_99999/000014/000014/66 Sole Director and Sole Company Secretary			
		Date - Day	Month	Year		
Note: When signed under Power of Attorney, the they have not received a notice of revocation. Co Services Pty Limited needs to sight a certified cop	mputershare Investor		/			

## How to complete this form

### A Dividend Reinvestment Plan (DRP)

Complete this section if you wish to have your cash dividends reinvested in the form of more company securities.

If you wish to reinvest all of your securities in the company's DRP, please cross the box marked ALL.

If you wish to reinvest part of your securities in the company's DRP, please show the number of securities that you wish to participate.

Please note that an election to participate fully in the Dividend Reinvestment Plan will override any instruction on the registry record regarding direct payment of cash dividends into a nominated account.

This instruction only applies to the specific holding identified by the SRN/HIN and the name appearing on the front of this form.

#### Signature(s)

В

If you have chosen to have your cash dividends fully or partially reinvested into company securities and you have completed Section A, you must sign this form as follows in the spaces provided:-

Joint Holding:where the holding is in more than one name, all of the securityholders must sign.Power of Attorney:to sign under Power of Attorney, you must have already lodged this document with the registry. If<br/>you have not previously lodged this document for notation, please attach a certified photocopy of<br/>the Power of Attorney to this form when you return it.Companies:where the company has a Sole Director who is also the Sole Company Secretary, this form<br/>must be signed by that person. If the Company (pursuant to section 204A of the Corporations Act<br/>2001) does not have a Company Secretary, a Sole Director can also sign alone. Otherwise this<br/>form must be signed by a Director jointly with either another Director or a Company Secretary.<br/>Please indicate the office held by signing in the appropriate place.

Please return the completed form to:

Computershare Investor Services Pty Limited GPO Box 2975 Melbourne VIC 3001 Australia