



**REPLACEMENT CERTIFICATE REQUEST - AUSTRALIAN**

Statutory Declaration and Statement Pursuant to section 1070D of the Corporation Act 2001

To \_\_\_\_\_  
(Insert name of Company in which the Investment is held)  
(PLEASE USE BLOCK LETTERS)

I/We \_\_\_\_\_  
(See reverse for instructions)

of \_\_\_\_\_

Hereby make application for the issue of a duplicate certificate in the name of the undermentioned holder as specified below:

In support of this Application I/We hereby state that:

1. The certificate(s) has/have been:
  - (a) lost, and all proper searches have been made for it/them without success; or
  - (b) destroyed.
2. The certificate(s) has/have not been pledged, sold or otherwise disposed of.

**I/We undertake** that if the certificate(s) is/are ever found or received by me/us such certificate(s) will immediately be returned to the Company for cancellation.

Full Name(s) & Current Address		Full Name(s) & Previous Address (if applicable)
Tel (work)	(home)	

Certificate Number	Number of Units	Class

In consideration of the Company issuing a new certificate to replace the said lost certificate(s) I/we hereby covenant to indemnify and forever keep indemnified the Company and its Agents, from and against all losses in respect thereof and all claims, actions, proceedings, demands, costs and expenses whatsoever which may be made or brought against it by reason of compliance with this request.

**To be Completed by Witness(es)**

**Signature of Securityholder(s)**

(All joint holders must sign)

✕ -----  
Signature(s) Date

✕ -----  
Signature(s) Date

✕ -----  
Name(s)

✕ -----  
Signature(s) Date

✕ -----  
Address(es)

✕ -----  
Signature(s) Date

**Witness(es) to signature(s) who certifies that the person(s) who has/have signed this statement is/are known to him/her and has/have signed with his/her normal signature(s) in his/her presence.**

**Note:** If signed under Power of Attorney, a Certified Copy of the relevant Power of Attorney document must be exhibited to the Registry. The Attorney declares that he/she has had no notice of revocation of the Power of Attorney.

**Where this form is completed on behalf of a COMPANY, the indemnity on the reverse of this form must also be completed.**

# INDEMNITY

To be executed by an officer of the Company/Corporation

(Insert name of company in which the investment is held)

Hereby make application to the Company to issue a replacement securities certificate in accordance with the details included on the reverse of this form and undertake that if the mentioned certificate(s) are found or received by us such certificate(s) will immediately be returned to the Company for cancellation.

In consideration of the Company issuing a new certificate to replace the said certificate(s) referred to on the reverse of this form, we hereby covenant to indemnify and forever keep indemnified the Company and its Agents, from and against all losses in respect thereof and all claims, actions, proceedings, demands, costs and expenses whatsoever which may be made or brought against it by reason of compliance with this request.

Executed by and in accordance with the Company's Constitution and the Corporations Act 2001.

x-----		x-----	
Sole Director and Sole Secretary	Date		
x-----		x-----	
Director	Date	Secretary	Date
x-----		x-----	
Director	Date	Director	Date