ADVANCED SHARE REGISTRY LIMITED
Member of Securities Registrars Association of Australia Inc. ABN 14 127 175 946
110 Stirling Highway, Nedlands Western Australia 6009. PO Box 1156, Nedlands Western Australia 6909
Telephone: (08) 9389 8033, Facsimile: (08) 9262 3723, Website: www.advancedshare.com.au, Email: admin@advancedshare.com.au
Suite 8H, 325 Pitt Street, Sydney NSW 2000. PO Box Q1736, Queen Victoria Building, NSW 1230
Telephone: (02) 8096 3502

DIVIDEND REINVESTMENT PLAN

Company or Trust in which the Investment is Held

Full Registered Name (s)	
Registered Address	
	Postcode

ALL CORRESPONDENCE TO:

Advanced Share Registry Ltd
PO Box 1156,Nedlands
Western Australia 6909

110 Stirling Hwy, Nedlands
Western Australia 6009

Telephone: (08) 9389 8033
Facsimile: (08) 9262 3723
Email: admin@advancedshare.com.au
Website: www.advancedshare.com.au

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

DIVIDEND REINVESTMENT PLAN

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.

… **TERMINATION of Participation in the DRP**
I/We no longer wish to participate in the DRP. (Only tick this box if you are already in the DRP and wish to cancel ALL your participation.)

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.

PLEASE SIGN BELOW

Signature Of Individual Shareholder(s)
(All joint holders must sign)

---------- Signature Date
---------- Signature Date
---------- Signature Date

Signatures of Companies Only - Executed in accordance with the Company's Constitution and the Corporations Act.

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

OR ---------- Director Date ---------- Secretary Date

OR ---------- Director Date ---------- Director Date

Email:

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.