

OFF MARKET TRANSFER FORM

1	Name of Company	2 State of Incorporation:
3	Description of securities	
4	Quantity	Words Figures
5	Full name(s) of transferor(s) / seller(s)	
6	Consideration	7 Date of Transfer
8	Full name(s) of transferee(s)/ buyer(s)	
9	Transferee(s) / buyer(s) postal address	
10	Contact details of transferee(s) / buyer(s)	
	Phone:	Mobile
	Email address:	

The transferor transfers the above securities to the transferee for the consideration stated subject to the conditions on which the transferor holds them at the date of transfer. The transferee accepts the securities subject to the same conditions.

Where an attorney signs the transfer, it is acknowledged that the attorney has not received any notice of revocation of the power of attorney by death of the grantor or otherwise.

11	Transferor(s)/ seller(s) sign here	Sign here	Sign here	Sign here
	Date signed	Print name	Print name	Print name
	Please indicate capacity	<input type="checkbox"/> Individual <input type="checkbox"/> Executor <input type="checkbox"/> Sole Director <input type="checkbox"/> Director <input type="checkbox"/> Secretary	<input type="checkbox"/> Individual <input type="checkbox"/> Executor <input type="checkbox"/> Director <input type="checkbox"/> Secretary	<input type="checkbox"/> Individual <input type="checkbox"/> Executor
12	Transferee(s)/ Buyer(s) sign here	Sign here	Sign here	Sign here
	Date signed	Print name	Print name	Print name
	Please indicate capacity	<input type="checkbox"/> Individual <input type="checkbox"/> Executor <input type="checkbox"/> Sole Director <input type="checkbox"/> Director <input type="checkbox"/> Secretary	<input type="checkbox"/> Individual <input type="checkbox"/> Executor <input type="checkbox"/> Director <input type="checkbox"/> Secretary	<input type="checkbox"/> Individual <input type="checkbox"/> Executor
13	Buyer to complete	Future Dividend Payments Method of payment either: Direct credit to my Bank Account Number below <input type="checkbox"/> or Pay by cheque to my Postal address (as above) <input type="checkbox"/>		
	Banking details	Account name:		
	BSB:	Account Number:		

INSTRUCTIONS ON COMPLETING THE TRANSFER FORM

General instructions

- Please print using a black or blue pen
- Any alterations must be initialled by the seller(s) and the buyer(s).

Each of the following points refers to a section of the Off-Market Transfer Form

1. **Name of Company** refers to the full name of the company in which the shares are held.
2. **State of Incorporation** refers to the State or Territory in which the company is incorporated.
3. **Description of Securities** can be found on the certificate (e.g. ordinary shares)
4. **Quantity** is the number of shares being transferred
5. **Full name(s) of Transferors / Seller(s)** refers to the first and last names of the sellers of the shares as per they are currently registered.
6. **Consideration** is the full amount paid in settlement of the transfer of the shares. You may set your consideration. For capital gains tax purposes however, if you are not dealing at “arms length”, the consideration will be deemed to be at a fair market value for the date of purchase (this transaction). Please seek independent financial advice if you are unsure whether you are dealing at “arms length”.
7. **Date of Transfer** should be on or before the date at 11 and 12.
8. **Full name(s) of Transferee(s) / Buyer(s):** Full names of all buyer(s) (maximum of three) or incorporated company (including ABN). Shares can not be registered in the name of a business, an unincorporated partnership, an estate or deceased person, a fund or trust, although these may be inserted as an account designation in brackets underneath the registered names.
9. **Transferee(s) / Buyer(s) Postal Address:** insert the buyer(s) full postal address including the postcode. This is the address which will be registered for any company mailings.
10. **Contact Details of Transferee(s) / Buyer(s)** should be completed in the case of any further information being required (please ensure the area code is included with the telephone number.
11. **Transferor(s) / Seller(s) signature** section must be completed.
 - Joint holders – all joint holders must sign
 - Company – two signatures and company seal incorporating the ACN/ABN should be affixed.
 - Power of Attorney – a certified copy of the Power of Attorney must be sent with the transfer form if not previously provided.
 - Deceased Estate – all executors should sign and, if not already noted, a certified copy of Probate or Letters of Administration must be sent with the transfer form.

Please insert the date signed which must be the same as or a date after that at No. 7.

Please tick the appropriate box for the capacity that you have signed the Transfer Form

12. **Transferee(s) / Buyer(s) signature** section must be completed

- Requirements are the same as for no. 11. - Transferor(s) / Seller(s) above.

13. **Buyer to Complete** the preferred method for the receipt of any future dividends