




OFF MARKET TRANSFER FORM
For non-Market Transactions

Post form to Sharity PO Box 1710 North Sydney NSW 2059

1. Full name of Company, Corporation or Trust in which the securities are held	<p align="right">ASX Code:</p> <p>.....</p>						
2. Full Description of Securities	CLASS: (eg. fully paid, stapled security etc.)						
3. Quantity	WORDS:	FIGURES:					
4. Full Name(s) of Seller(s) [Transferor(s)]	Surname(s) / Company Name:..... Mr/Mrs/ Ms/Miss: Given Name(s): A/C Designation (if required): < > <p align="center">PLEASE USE BLOCK LETTERS</p>						
5. Full Postal Address of Seller(s) [Transferor(s)]	<p>.....</p> <p>.....</p> <p>.....</p>						
6. PID or Broker Name							
7. Securityholder Reference Number (SRN) or Holder Identification Number (HIN)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
8. Contact Details (Seller)	Work	Mobile	Email				
9. Full Name(s) of Buyer(s) [Transferee(s)]							
10. Full Postal Address of Buyer(s) [Transferee(s)]	PO Box 572 Kings Cross NSW 1340						
<small>I/We the registered holder(s) and undersigned Seller(s) for the above consideration do hereby transfer to the above name(s) hereinafter called the Buyer(s) the securities as specified above standing in my/our name(s) in the books of the above named Company, subject to the several conditions on which I/we held the same at the time of signing hereof and I/we the Buyer(s) do hereby agree to accept the said securities to the same conditions. I/we have not received any notice of revocation of the Power of Attorney by death of the grantor or otherwise, under which this transfer is signed.</small>							
11. Seller(s) [Transferor(s)] Sign Here ->	<p>.....</p> <p>.....</p> <p>.....</p>		<table border="1"> <tr> <th align="center" colspan="2">Company Use Only</th> </tr> <tr> <td data-bbox="995 1608 1174 1758"> Sole Director Director/Secretary Director/Secretary PLEASE CIRCLE </td> <td data-bbox="1174 1608 1481 1758"> Company Seal </td> </tr> </table>	Company Use Only		Sole Director Director/Secretary Director/Secretary PLEASE CIRCLE	Company Seal
Company Use Only							
Sole Director Director/Secretary Director/Secretary PLEASE CIRCLE	Company Seal						
12. Date Signed (Seller)	/ / 20						
13. Buyer(s) [Transferee(s)] Sign Here -> To be completed by Cancer Council NSW	<p>.....</p> <p>.....</p> <p>.....</p>		<table border="1"> <tr> <td data-bbox="995 1845 1174 2011"> Sole Director Director/Secretary Director/Secretary PLEASE CIRCLE </td> <td></td> </tr> </table>	Sole Director Director/Secretary Director/Secretary PLEASE CIRCLE			
Sole Director Director/Secretary Director/Secretary PLEASE CIRCLE							
14. Date Signed (Buyer)	/ / 20						
<p align="center">Please have any changes made initialled by all parties Any use of whiteout renders form invalid</p>							
<p align="center">Please return form to Sharity, PO Box 1710, North Sydney NSW 2059</p>							