



## 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	ASX Code: .....	
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 style="text-align: center;">PLEASE USE BLOCK LETTERS</p>	
5. Full Postal Address of Seller(s) [Transferor(s)]	..... ..... .....	
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"/> <input type="text"/>	
8. Contact Details (Seller)	Work	Mobile
9. Full Name(s) of Buyer(s) [Transferee(s)]		
10. Full Postal Address of Buyer(s) [Transferee(s)]	Locked Bag 2 BONDI BEACH NSW 2026	
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.		
11. Seller(s) [Transferor(s)] Sign Here ->	..... ..... .....	<b>Company Use Only</b> Sole Director Director/Secretary Director/Secretary PLEASE CIRCLE
12. Date Signed (Seller)	/ / 20	<b>Company Seal</b>
13. Buyer(s) [Transferee(s)] Sign Here -> To be completed by Surf Life Saving Australia	..... ..... .....	Sole Director Director/Secretary Director/Secretary PLEASE CIRCLE
14. Date Signed (Buyer)	/ / 20	
Please have any changes made initialled by all parties      Any use of whiteout renders form invalid		
Please return form to Sharity, PO Box 1710, North Sydney NSW 2059		