



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): < >	
	PLEASE USE BLOCK LETTERS	
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
		Email
9. Full Name(s) of Buyer(s) [Transferee(s)]		
	Southern Region SLSA Helicopter Rescue Service Pty Ltd t/a Westpac Lifesaver Helicopter	
10. Full Postal Address of Buyer(s) [Transferee(s)]	PO Box 61 Matraville NSW 2036	
<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 →	Company Use Only Sole Director Director/Secretary Director/Secretary PLEASE CIRCLE
12. Date Signed (Seller)	/ / 20	Company Seal
13. Buyer(s) [Transferee(s)] Sign Here To be completed by → Southern Region SLSA Helicopter Rescue Service Pty Ltd t/a Westpac Lifesaver Helicopter	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		