



**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"/>		
8. Contact Details (Seller)	Work	Mobile                      Email	
9. Full Name(s) of Buyer(s) [Transferee(s)]	<b>THE SALVATION ARMY PROPERTY TRUST</b>		
10. Full Postal Address of Buyer(s) [Transferee(s)]	Corporate and Major Gifts Director P.O. Box A229 Sydney South NSW 1232		
<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 ->	.....	<b>Company Use Only</b>	
	.....	Sole Director Director/Secretary Director/Secretary PLEASE CIRCLE	<b>Company Seal</b>
12. Date Signed (Seller)	/ / 20		
13. Buyer(s) [Transferee(s)] Sign Here -> To be completed by The Salvation Army	.....	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			