



OFF MARKET TRANSFER FORM
For non-Market Transactions

Post form to Sharitty 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)]	MISSION AUSTRALIA ACN 000 002 522		
10. Account Designation	SIR DAVID MARTIN FOUNDATION		
11. Full Postal Address of Buyer(s) [Transferee(s)]	GPO Box 3515 SYDNEY NSW 2000		
<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>			
12. Seller(s) [Transferor(s)] Sign Here ->	.....		Company Use Only
	.....		Sole Director
	.....		Director/Secretary
	.....		Director/Secretary
	.....		PLEASE CIRCLE
13. Date Signed (Seller)	/	/ 20	
14. Buyer(s) [Transferee(s)] Sign Here -> To be completed by Sir David Martin Foundation	.....		Sole Director
	.....		Director/Secretary
	.....		Director/Secretary
	.....		PLEASE CIRCLE
15. Date Signed (Buyer)	/	/ 20	
Please have any changes made initialled by all parties Any use of whiteout renders form invalid			
Please return form to Sharitty, PO Box 1710, North Sydney NSW 2059			