



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 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 Email								
9. Full Name(s) of Buyer(s) [Transferee(s)]										
10. 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>										
11. Seller(s) [Transferor(s)] Sign Here ->	Company Use Only <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Sole Director</td> <td rowspan="4" style="width:50%; text-align: center; vertical-align: middle;">Company Seal</td> </tr> <tr> <td style="text-align: center;">Director/Secretary</td> </tr> <tr> <td style="text-align: center;">Director/Secretary</td> </tr> <tr> <td style="text-align: center;">PLEASE CIRCLE</td> </tr> </table>	Sole Director	Company Seal	Director/Secretary	Director/Secretary	PLEASE CIRCLE			
Sole Director	Company Seal									
Director/Secretary										
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PLEASE CIRCLE										
12. Date Signed (Seller)	/ / 20									
13. Buyer(s) [Transferee(s)] Sign Here -> To be completed by Sir David Martin Foundation	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Sole Director</td> <td></td> </tr> <tr> <td style="text-align: center;">Director/Secretary</td> <td></td> </tr> <tr> <td style="text-align: center;">Director/Secretary</td> <td></td> </tr> <tr> <td style="text-align: center;">PLEASE CIRCLE</td> <td></td> </tr> </table>	Sole Director		Director/Secretary		Director/Secretary		PLEASE CIRCLE	
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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										