



Name and Address

A REINVESTMENT PLAN APPLICATION OR VARIATION

PLEASE COMPLETE THIS FORM IN BLACK INK USING CAPITAL LETTERS. PHOTOCOPIES WILL NOT BE ACCEPTED.

FOLD

This form is to be completed where the securityholder wishes to have their payments reinvested under the rules of the Reinvestment Plan (DRP).

I/We being the above named holder of registered securities wish to participate in the Company's DRP as indicated below. I/We authorise the application of the payment to me/us with respect to the number of securities participating in the DRP at the price and subject to the rules of the DRP. I/We hereby agree to be bound by the rules of the DRP in subscribing for additional securities. I/We acknowledge that I/we may vary or terminate my/our participation in the DRP, in accordance with the rules of the DRP. This will cancel any earlier reinvestment plan instructions and take priority over any direct credit instructions.

ASX Perpetual Registrars Limited advises that Chapter 2C of the *Corporations Act 2001* requires information about you as a securityholder (including your name, address and details of the securities you hold) to be included in the public register of the entity in which you hold securities. Information is collected to administer your security holding and if some or all of the information is not collected then it might not be possible to administer your security holding. Your personal information may be disclosed to the entity in which you hold securities. You can obtain access to your personal information by contacting us at the address or telephone number shown on this form. Our privacy policy is available on our website (www.asxperpetual.com.au).

Degree of Participation (cross appropriate Box):-

FULL PARTICIPATION - Including any further acquisitions.

or

PARTIAL PARTICIPATION -

Please specify the number of securities to participate in the DRP.

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TERMINATION - If you wish to cancel your participation.

B SIGNATURE OF SECURITYHOLDERS - THIS MUST BE COMPLETED

Securityholder 1 (Individual)

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Director

Joint Securityholder 2 (Individual)

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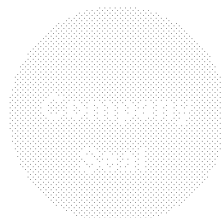
Director/Company Secretary (Delete one)

Joint Securityholder 3 (Individual)

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Sole Director and Sole Secretary

This form should be signed by the securityholder. If a joint holding, all securityholders should sign. If signed by the securityholder's attorney, the power of attorney must have been previously noted by the registry or a certified copy attached to this form. If executed by a company, the form must be executed in accordance with the securityholder's constitution and the Corporations Act 2001 (Cwlth).



Date

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