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\_\_\_\_\_

SRN: \_\_\_\_\_

Dear Security holder,  
If you wish to: (1) change your address, (2) advise a direct credit instruction, (3) provide annual report/interim report instructions or (4) email communication please complete the appropriate section below, when completed please send or fax this form to the Security registry. **Signing requirements - this form must be signed correctly see section 5.**

**1. IF ANY OF THE ABOVE DETAILS ARE INCORRECT, PLEASE COMPLETE NEW DETAILS HERE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE** For section (1) only - If your holding is broker sponsored with CHESS, you must contact your broker to update your name and address details, NOT the registry.

**2. REQUEST FOR PAYMENT OF DISTRIBUTION DIRECT TO A FINANCIAL INSTITUTION**

It is essential these details are correct for deposits to your nominated account.

NAME OF BANKING INSTITUTION \_\_\_\_\_

NAME IN WHICH ACCOUNT IS HELD \_\_\_\_\_

BRANCH (BSB): \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

**3. REQUEST TO REMOVE NAME FROM MAILING LIST FOR ANNUAL REPORT/INTERIM REPORT**

Please tick this box if you do **NOT** wish to receive a copy of the annual report/interim report.

**4. EMAIL COMMUNICATION**

If you wish to receive the annual report/interim report by email, **you must enter your email address via [www.linkmarketservices.com.au](http://www.linkmarketservices.com.au)** and follow the prompts. Your email address will be used by the Company for a variety of purposes including notices of meeting, notification of availability of annual reports and other shareholders communications. By recording your email address you are consenting to the use of it for these purposes and acknowledge also your responsibility to maintain the correct address.

**5. SIGNING REQUIREMENTS**

SIGNATURE(S) \_\_\_\_\_

DATE: \_\_\_\_\_

This request must be signed correctly by the Securityholder(s). Where the Securityholder is an **individual**, a single signature is required. In the case of a **joint holding**, the signatures of each holder is required. Where the request is signed by an **attorney under power of attorney**, please print the name of the attorney and state that the request is signed under power of attorney (eg. John Smith as attorney of Greg Jones under power of attorney). A certified copy of the power of attorney document must be forwarded with this form. **Companies** need to sign in accordance with their constitution.

**PLEASE COMPLETE AND RETURN TO:**

**PNG REGISTRIES LIMITED**  
Level 2, AON Haus, McGregor Street  
PO Box 1265, Port Moresby NCD PNG  
Phone: (+675) 321 6377 or 321 6378  
Facsimile: (+675) 321 6379  
Email: [brenda@online.net.pg](mailto:brenda@online.net.pg)

**Have you signed this form?**