



### 1 Your Investment Details

Name of Syndicate

Name of Investor/s

### 2 Change of Address Notification

#### OLD Address Details

Unit <input type="text"/>	Street No <input type="text"/>	Street Name OR Post Office Box OR other mail <input type="text"/>
City /Suburb /Town <input type="text"/>	State <input type="text"/>	Post Code <input type="text"/>

#### NEW Address Details

Unit <input type="text"/>	Street No <input type="text"/>	Street Name OR Post Office Box OR other mail <input type="text"/>
City /Suburb /Town <input type="text"/>	State <input type="text"/>	Post Code <input type="text"/>
Telephone (daytime) <input type="text"/> - <input type="text"/>	Telephone (after hours) <input type="text"/> - <input type="text"/>	
Mobile phone <input type="text"/> - <input type="text"/>	Facsimile <input type="text"/> - <input type="text"/>	
Email Address <input type="text"/> @ <input type="text"/>		

### 3 SIGN HERE – This section must be signed for your instructions to be executed

I/We authorise you to act in accordance with my/our instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions in respect to my/our shares.

Individual	Affix Seal Here	Individual
<div style="border: 1px solid black; padding: 10px; width: 200px; margin: 0 auto;">SIGNATURE</div>	<div style="border: 1px solid black; padding: 10px; width: 100px; height: 80px; margin: 0 auto;"></div>	<div style="border: 1px solid black; padding: 10px; width: 200px; margin: 0 auto;">SIGNATURE</div>
Director /Company Secretary		Sole Director /Sole Company Secretary
Date (day /month /year)		Date (day /month /year)
<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>

### 4 Postal correspondence

Fax back to: (03) 8080 5631



## How to complete this form

### 1 Your Investment Details

Please insert the name of the Syndicate in which you hold your investment.

Please insert the name/s of the investor/s in which you hold this investment.

### 2 Change of Address Notification – This section must be completed in full

A Change of Address Notification is required per individual investment.

Enter your current registered (old) address as it appears on the Key Capital Unit Certificates.

Enter your new address details that you wish to have recorded. Please note that only one address can be recorded. This should be the address for delivery for all future correspondence.

### 3 SIGN HERE – This section must be signed for your instructions to be executed

You must sign this form as follows in the spaces provided and in accordance with the original application form:

**Joint Holding** Where the investment is in more than one individual's name, all parties must sign for the request to be executed.

**Power of Attorney** To sign as Power of Attorney, you must have already lodged certified documents with Key Capital. Alternatively, attach a certified photocopy of the Power of Attorney to this form when you return it.

**Companies** A Director can sign jointly with another Director or a Company Secretary. A sole Director who is also a sole Company Secretary can sign, pursuant to s198E of the Corporations Act. Please indicate the office held by signing in the appropriate space.

The company seal should be affixed if the constitution requires.

### 4 Postal correspondence

Fax back to: (03) 8080 5631

Return to: **Key Capital Limited**  
Suite 209, 685 Burke Road  
CAMBERWELL VIC 3124

Alternatively, you may wish to return the fully completed form by facsimile on: (03) 8080 5631.

A confirmation of your change of name will be returned to you within 7 days of receipt of your request.

If you are experiencing any problems completing this form or have any queries regarding the completion of this form, **please feel free to contact any of our Client Service Team on: (03) 8080 5630.**