



**1 Your Investment Details**

Name of Syndicate

Name of Investor/s

**2 Change of Advisor Information**

**2a CURRENT Advisor Details**

Name of Advisor

Name of Dealership

Unit

Street No

Street Name OR Post Office Box OR other mail

City /Suburb /Town

State

Post Code

**2b NEW Advisor Details**

Name of Advisor

Name of Dealership

Unit

Street No

Street Name OR Post Office Box OR other mail

City /Suburb /Town

State

Post Code

Telephone (daytime)

Telephone (after hours)

Mobile phone

Facsimile

Email Address

@

**2c Date of Change of Advisor**

Date (day /month /year)

**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

SIGNATURE

Director /Company Secretary

Date (day /month /year)

Affix Seal Here

Individual

SIGNATURE

Sole Director /Sole Company Secretary

Date (day /month /year)

**4 Postal correspondence Fax back to: (03) 8080 5631**

Key Capital Limited

Suite 209, 685 Burke Road

CAMBERWELL VIC 3124

Phone: (03) 8080 5630

Facsimile: (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 Advisor Information

#### 2a CURRENT Advisor Details

In order to finalise the details of your new advisor, we require all the details of your current advisor for security purposes. Please enter the details in the spaces provided.

#### 2b NEW Advisor Details

Please enter the details of your new advisor and the dealership they represent in the spaces provided.

#### 2c Date of Change of Advisor

Please enter the date on which you changed advisors.

### 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:

<b>Joint Holding</b>	Where the investment is in more than one individual's name, all parties must sign for the request to be executed.
<b>Power of Attorney</b>	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.
<b>Companies</b>	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

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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.**