



1 Your Investment Details

Name of Syndicate

Name of Investor/s

2 Change of Bank Account Details for Distributions

Please credit all distributions on the holdings as registered in the above name(s) to the following financial institution. This instruction is only applicable to banks, building societies and credit unions within Australia. If unsure of your account details, please check with your financial institution.

Name of Financial Institution and full branch address

City /Suburb /Town

State

Post Code

BSB Number

Account Number

Name/s in which your account is held (normally same as investors name)

Telephone (daytime)

 -

Telephone (after hours)

 -

Mobile phone

 -

Facsimile

 -

Email Address

 @

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



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 Bank Account Details for Distributions

A Change of Bank Account Details for Distributions form is required per individual investment.

Enter your new bank account details that you wish to have recorded. Please note that only one bank account per investment can be recorded. This should be the bank account for all future distributions for the selected investment.

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.**