

SHAREHOLDER UPDATE FORM

YOUR MEMBER NUMBER: **MN** OR SHARE CERTIFICATE NUMBER: **SC**

REGISTERED NAME: _____

CHANGE OF ADDRESS

PREVIOUS ADDRESS _____

NEW ADDRESS _____

DIVIDENDS

PAYMENT METHOD Please credit all dividends directly to the following bank account:

Bank: _____ BSB: _____

Account number: _____

Account name: _____

Please send all dividends to my registered address by cheque.

TAX FILE NUMBER/
COMPANY ABN

The Company is required to withhold tax from dividend payments where an individual does not provide a Tax File Number (TFN) or where a company does not provide either a TFN or ABN. All joint holders must provide a TFN. Superannuation fund trustees should provide the TFN and/or ABN of the fund if available, or the TFN(s) of the trustee(s).

TFN: _____ ABN: _____

TFN (Holder 2): _____ TFN (Holder 3): _____

If exempt from providing a Tax File Number, please state reason:

ANNUAL REPORT

Tick if a printed annual report is not required.

SIGNATURE/S

I/we confirm that this information is true and correct:

Holder 1/Director _____ Holder 2/Director/Secretary _____

Holder 3 _____ Sole director _____

Date _____ Date _____

Please address all correspondence to:

Company Secretary, Ku-ring-gai Financial Services Limited PO Box 430 Turramurra NSW 2074
or deliver to Turramurra Community Bank® Branch, Bendigo Bank, 1273 Pacific Highway Turramurra NSW 2074
or fax to 02 9440 9611