



Name Correction Request and Indemnity

Account Number (if known):

Holder Identification Number (HIN)

Current Account Name:

Account Address:

Taylor Collison Limited
Sharebrokers and Investment Advisers

ABN 53 008 172 450
ASFL 247083

Level 16, 211 Victoria Square
Adelaide, South Australia, 5000
GPO Box 2046, Adelaide, South Australia, 5001.
Telephone: (08) 8217 3900 Fax: (08) 8231 3506
Email: broker@taylorcollison.com.au

Level 10, 167 Macquarie Street
Sydney, New South Wales, 2000
GPO Box 4261, Sydney, New South Wales, 2001.
Telephone: (02) 9377 1500 Fax: (02) 9232 1677
Email: sydney1@taylorcollison.com.au

www.taylorcollison.com.au

A Name Correction

My / Our full and correct name(s) are:

I am / We are one and the same as the name registered on the Account / Chess Holding.

There has been no change in beneficial ownership and I / we request my / our full and correct name(s) be recorded.

I / We hereby covenant to indemnify and forever keep indemnified Taylor Collison Limited and its Agents, from and against all losses in respect thereof and all claims, actions, proceedings, demands, costs and expenses whatsoever which may be made of brought against it by reason of compliance with this request.

Contact Name:

Telephone No. Business Hours

Telephone No. After Hours

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B Sign Here: This section MUST be signed and witnessed 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 with respect to my / our account.

Client 1 / Director 1 / Trustee 1

Client 2 / Director 2 / Trustee 2

Client 3 / Director 3 / Trustee 3

Print Name

Print Name

Print Name

Witness Signature

Witness Name

Dated: / /

The witness(es) certifies that the person(s) who has / have signed this statement is /are known to them and has / have signed in the presence of the witness with their normal signature(s).

Completion Instructions:

Individual: This form is to be signed by the Account Holder.

Joint Holding: Where the holding is in more than one name, all Account Holders must sign.

Power of Attorney: To sign as Power of Attorney, you must have already lodged it with Taylor Collison. Alternatively, attach a **certified** photocopy of the Power of Attorney along with a certified copy of your ID (e.g. Drivers Licence / Passport).

Companies: Please attach a copy of the ASIC Certificate of Name Change. Two signatories required. Director, Company Secretary, Sole Director can sign. If Sole Director please state "Sole".