



NOTIFICATION OF AUTHORISED SIGNATORIES (REGULATION 3.3)

TO AUSTRACLEAR LIMITED
PO BOX H224
AUSTRALIA SQUARE NSW 1215

Participant Code:
Participant Name:
ACN / ARBN (9/11 digits):
Registered Office Address:
State & Postcode:

The above mentioned Participant (the Participant) HEREBY AUTHORISES the persons on the **attached Schedule** in the name and on behalf of the Participant:

1. To execute, draw, make, pledge or indorse any bill of exchange, promissory note or any other document or instrument Deposited with the Austraclear System;
2. To have access to any record, print-out or account maintained by Austraclear relating to the Participant;
3. To enter into any arrangements with Austraclear required for the maintenance of the Participant's Security Record;
4. To give, sign or execute any authority, direction, notice, document, instrument or thing whatsoever required to be given, signed or executed by the Participant relating to the Participant's Security Record, any Securities or other instruments held by Austraclear or any Eurosecurities related to Euroentitlements of the Participant;
5. To give, sign or execute any authority, direction, instruction, notice, document, instrument or thing whatsoever required or permitted to be given by the Participant relating to the Participant's activities under the Austraclear Regulations;
6. To approve additional Authorised Signatories and revoke approval of Authorised Signatories.

(Amend the above list as applicable).

In terms of this authority, *** ANY ONE/ * ANY TWO**

authorised signatories may sign, which signatures **may/*may not be facsimile signatures. (***delete as applicable**)*

This authority shall continue in full force and effect until Austraclear shall have received notification in writing from the Participant of the cancellation or amendment thereof in a form approved by Austraclear. A later notification by the Participant of Authorised Signatories shall automatically cancel any previous notification to the extent of any inconsistency.

SCHEDULE – (NOTIFICATION OF AUTHORISED SIGNATORIES)

FULL NAME OF AUTHORISED SIGNATORIES	SPECIMEN SIGNATURES



FULL NAME OF AUTHORISED SIGNATORIES (cont.)	SPECIMEN SIGNATURES (cont.)

Dated this day of

FOR AND ON BEHALF OF
(Name of Participant)

Guidance notes for execution

This Notification must be signed by one of the methods below:

- 1. By a company under its common seal; or*
- 2. By two directors or one director and one company secretary of a company; or*
- 3. By the sole director of a single director proprietary company, noting that the sole director must complete the declaration in the execution block below relating to that director’s status as a sole director, or as a sole director and sole company secretary); or*
- 4. Under Power of Attorney, noting that the Power of Attorney document should be enclosed for noting or a certified copy provided; or*
- 5. If the Participant is a foreign company (ie has been incorporated outside of Australia), using the foreign company execution block below. The company should also either (a) provide a copy of the constituent documents of the company confirming the authority of the relevant signatories; or (b) provide written confirmation from its legal representatives that the relevant signatories are authorised to sign documents and enter into legal agreements on behalf of the company.*
- 6. For current participants only by two previously approved and still current Authorised Signatories who have been appointed as Authorised Signatories for the purposes of the Regulations governing this facility and who, by the terms of their appointment, are authorised to approve additional Authorised Signatories and revoke approval of Authorised Signatories.*

Where the form has been signed using electronic signatures, all signatories must provide an additional confirmation via their own company email addresses acknowledging their consent to the application of their signature to the form.

EXECUTION

[Use the below execution block if signing under section 127]

Executed by [Applicant name and ABN]	
in accordance with section 127(1) of the Corporations Act:	
Signature of Director	Signature of Director/Company Secretary/
Name	Name
Date	Date



[OR use the below execution block if signing as sole Director/Company Secretary]

Executed by [Applicant name and ABN]
in accordance with section 127(1) of the Corporations Act:

Signature of Sole Director who states that they are the sole director of the company and [the sole Company Secretary of the company/that the company does not have a company secretary] *[Note: please remove or strike out the statement that is not applicable]*

Name
Date

[OR use the below if signing by way of Power of Attorney]

Signed by [name of attorney](or attorneys if two)
as attorney/s for [Applicant name and ABN]
under power of attorney dated [insert date of PoA document]

Signature of signatory/ies who by executing this document confirms that they have not received notice of revocation or suspension of the power of attorney referred to above.	Signature of signatory/ies who by executing this document confirms that they have not received notice of revocation or suspension of the power of attorney referred to above.
Name of signatory/ies	Name of signatory/ies
Date	Date

[OR use the below if a foreign company]

Executed by the duly authorised signatories of [insert name of applicant]
in accordance with the requirements of its constituent documents and the laws of its jurisdiction of incorporation:

Signature of Authorised Signatory	Signature of Authorised Signatory
Name	Name
Date	Date