



CHANGE PAYMENT PROVIDER FOR PAYMENT FACILITY

To: Equity Operations
Company: ASX Settlement Pty Limited (ASXS)
Email: chesshelp@asx.com.au
Phone: 1800 814 051

Participant Name	
Participant PID	
Payment Facility ID	

Existing Payment Provider UIC		Payment Provider	
New Payment Provider UIC		Payment Provider	

Effective Date: _____

<u>Participant:</u>		
_____	_____	_____
Name & Title of Authorised Officer	Signature of Authorised Officer	Date
<u>Payment Provider:</u>		
_____	_____	_____
Name & Title of Authorised Officer	Signature of Authorised Officer	Date
Payment Provide Stamp		

The Participant indemnifies ASXS against any and all losses, damages, cost and expenses that ASXS may suffer as a result of ASXS acting upon this request.

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