



MOVE HIN(S) BETWEEN EXISTING PAYMENT FACILITIES

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

Clearing Participant	
PID	

Please move the following HIN(S) Effective Date: _____

From:

Payment Provider UIC :

Payment Facility ID:

To:

Payment Provider UIC :

Payment Facility ID:

Existing HIN	Full Holder Name
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If more HINs are required, please attach to this form.

Name & Title of Authorised Officer Signature of Authorised Officer Date Lodign Participant 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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