

DEMAND REPORT REQUEST FROM ARCHIVAL **STORAGE**

To:	Equity Operations				
Company:	ASX Settlement Pty Limited (ASXS)				
Email:	chesshelp@asx.com.au				
Phone:	1800 814 051				
Authorised Offi	cer				
Title					
Clearing Participant					
Phone Email					
Selection Criteria (ref	er to ASX	Settlement Procedure Guideli	ines Section 16 for spec	cific field re	equirements)
Report Type			UIC		
HIN			I		
ISIN/ASX Secur Code	rity				
Reporting Start	Date		Reporting End Date		
Other Fields (Refer	to EIS Me	lessage 503 – Reporting Re	quest)		
Field Name		Criteria	a		
Field Name		Criteria	a		
Field Name		Criteria	a		
	☐ Hardco	opy		E-mail their exper	nse.)
		encrypted, ASXS cannot guarant ement that ASXS does not guaran			nature is required to authorise the
Signature of Authorised Officer		Da	Date		rticipants Stamp

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