DIGITAL CERTIFICATE FORM

Please complete and return by fax to:

Attention: ASX Austraclear Service Desk
Scan and Email to: austraclear@asx.com.au  Phone: 1300 362 257 or (02) 8298 8474
or fax to: F: 02 9256 0456

*** DIGITAL CERTIFICATES WILL NOT BE ISSUED UNTIL EXIGO SYSTEM USERNAME IS CREATED BY PARTICIPANT PASSWORD ADMINISTRATOR ***

SECTION A: PARTICIPANT DETAILS
To be completed by all participants.
Participant Name:  Participant Code:

SECTION B: USER DETAILS
User Details must be completed for EACH Austraclear User. If additional Users are required, attach a separate listing, including First & Last Name, Email & System User Codes for each user.

USER 1  USER 2
First Name:  First Name:
Last Name:  Last Name:
Email:  Email:
System Username:  System Username:

USER 3  USER 4
First Name:  First Name:
Last Name:  Last Name:
Email:  Email:
System Username:  System Username:

USER 5  USER 6
First Name:  First Name:
Last Name:  Last Name:
Email:  Email:
System Username:  System Username:

Guidance Notes
System Username: A unique code for each user, comprising the 6 character Sub-Participant Code (e.g. ABCD20) followed by a unique consecutive number e.g. ABCD2001.

AUTHORISED SIGNATORIES

<table>
<thead>
<tr>
<th>1.</th>
<th>NAME (please print)</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>day/month/year</td>
</tr>
</tbody>
</table>

| 2.  |                     | day/month/year |

ASX INTERNAL USE ONLY

<table>
<thead>
<tr>
<th>AUTHORISED SIGNATURE(S) VERIFIED AND SYSTEM UPDATED BY:</th>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>day/month/year</td>
</tr>
</tbody>
</table>