

ANZ INVESTMENT LENDING CORPORATE ACTIONS ACCEPTANCE FORM



1. CLIENT DETAILS

Client account number

Account name

2. CORPORATE ACTION DETAILS

Name of corporate action

(Please attach a copy of the application form from the registry).

Please draw down the following amount on my behalf using my ANZ Share Investment Loan to take up the above corporate action.

Requested amount

\$

I/We understand that participation in the above corporate action is subject to my/our account having available funds to draw down on the applicable date.

I/We understand that ANZ must receive these instructions at least 2 business days prior to the corporate action closing.

3. AUTHORISATION

All Individual Trustees OR all Trustees for Minor OR two Directors OR one Director and one Company Secretary must sign this application.

Client/Director/Trustee 1

Name

Signature

Date

D

D

M

M

2

0

Y

Y

Client/Director/Trustee 2

Name

Signature

Date

D

D

M

M

2

0

Y

Y

Client/Director/Trustee 3

Name

Signature

Date

D

D

M

M

2

0

Y

Y

Director/Trustee 4

Name

Signature

Date

D

D

M

M

2

0

Y

Y

Complete and return this form to:



Mail: ANZ Investment Lending
Reply Paid 4338, Melbourne VIC 8060
(no stamp required)



Email: investmentlending@anz.com

Contact us:



Phone: 1800 639 330,
8am to 6pm (Sydney/Melbourne time)
ASX trading days