



1. CLIENT DETAILS

Client Account Number

Client/Director/Trustee 1

Title

Mr Mrs Ms Miss Dr Other

First Name

Surname

Company/Trust Name

SRN

Client/Director/Trustee 2

Title

Mr Mrs Ms Miss Dr Other

First Name

Surname

ACN/ABN Number (if applicable)

2. EXERCISE DETAILS

Please arrange payment to the relevant share registry to facilitate the exercise of the Company Options detailed below.

Number of Options	Exercise Price	Amount Payable
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Total amount payable		\$ <input type="text"/>

The following documents must be attached in order to process this request.

- Copy of Employee Option Plan Holding Statement
- Completed original Notice of Exercise of Options
- Completed original ANZ Investment Lending Application Form (New clients only)

Please turn over.



3. CLIENT AUTHORISATION (ALL SIGNATORIES MUST SIGN)

I/We (or acting in capacity as Company Director/s) authorise and direct:

- ANZ Investment Lending to pay the amount detailed above (being the total amount payable) to enable the exercise of my options.
- ANZ Investment Lending to hold the Fully Paid Ordinary Shares as security against my ANZ Share Investment Loan.
- The Share Registry responsible for the exercise of these options to deliver the Fully Paid Ordinary Shares to my SRN as instructed by ANZ Investment Lending.
- The Share Registry to accept any instruction to amend my registration details upon advice from ANZ Investment Lending.

I/we understand that should a margin call occur during the black out period (if applicable), I/we are responsible for ensuring that ANZ Investment Lending are not required to sell the fully paid ordinary shares resulting in this option exercise.

I/we understand that should a margin call occur, sufficient security and/or funds (or sale proceeds of stock other than that detailed in this exercise request) must be provided to meet the margin call in full.

Client/Director/Trustee 1 Name

Client/Director/Trustee 1 Signature

Date

Client/Director/Trustee 2 Name

Client/Director/Trustee 2 Signature

Date

Complete and return this form to:



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



Phone: 1800 639 330, 8am to 6pm
AEST ASX trading days.



Fax: 03 9273 4601