Full Name(s) of Registered Holding		ENT C				BoardRoom Smart Business Solutions GPO Box 3993 Sydney NSW 2001 Tel: 1300 397 812 (within Aust) Tel: + 61 2 8016 2883 (outside Aust) Fax: + 61 2 9279 0664 www.boardroomlimited.com.au affluence@boardroomlimited.com.au					
					You are required to insert this number Unitholder Identification Number (U)						
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Change of Addres	s Notification										
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Current registered											
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City/Suburb/Town					-		State		Post Co	de	
Contact Name			Telephone Nun	ber - Business Hours	5		Telephone I	Number - A	fter Hours		
I/We request you to amen	s section <u>must</u> be d the registered address in yc ese instructions supersede ar rityholder 1	our records to the abo	ve address. Il previous instruction			curities.	yholder 3				
Sole Director and Sole Company Secretary		Director	Director				Director/Company Secretary				
						Day	N	Nonth	Year		
Individual: Joint Holding: Power of Attorney: Companies:	This form is to be signe Where the holding is in To sign as Power of Att Attorney to this form. Two Directors, Director Please indicate the of	more than one nam corney, you must hav & Company Secreta	e, all of the securi ve already lodged ary or Sole Directo	it with the registry. or and Sole Compa	Alterr			l photoco	py of the Pow	ver of	

All correspondence and enquiries to:

Privacy Statement

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