

NOTIFICATION OF AUTHORISED SIGNATORIES (Regulation 3.3)

TO AUSTRACLEAR LIMITED
 PO BOX H224
 AUSTRALIA SQUARE NSW 1215

Participant Code:

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Participant Name: _____

ACN/ARBN (9/11 digits)

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Registered Office Address: _____

State & Postcode: _____

The above mentioned Participant (the Participant) HEREBY AUTHORISES the persons on the **attached Schedule** in the name and on behalf of the Participant:

1. To execute, draw, make, pledge or indorse any bill of exchange, promissory note or any other document or instrument Deposited with the Austraclear System;
2. To have access to any record, print-out or account maintained by Austraclear relating to the Participant;
3. To enter into any arrangements with Austraclear required for the maintenance of the Participant's Security Record;
4. To give, sign or execute any authority, direction, notice, document, instrument or thing whatsoever required to be given, signed or executed by the Participant relating to the Participant's Security Record, any Securities or other instruments held by Austraclear or any Eurosecurities related to Euroentitlements of the Participant;
5. To give, sign or execute any authority, direction, instruction, notice, document, instrument or thing whatsoever required or permitted to be given by the Participant relating to the Participant's activities under the Austraclear Regulations;
6. To approve additional Authorised Signatories and revoke approval of Authorised Signatories.

(Amend the above list as applicable).

In terms of this authority, *** ANY ONE/ * ANY TWO** or

authorised signatories may sign, which signatures ***may/*may not** be facsimile signatures. (***delete as applicable**)

This authority shall continue in full force and effect until Austraclear shall have received notification in writing from the Participant of the cancellation or amendment thereof in a form approved by Austraclear. A later notification by the Participant of Authorised Signatories shall automatically cancel any previous notification to the extent of any consistency.

SIGNATURE OF DIRECTOR/AUTHORISED SIGNATORIES	NAME <i>(please print)</i>	DATE
1.		/ /
2.		/ /

AUTHORISED SIGNATURE(S) VERIFIED BY:		/ /

SCHEDULE – (NOTIFICATION OF AUTHORISED SIGNATORIES)

FULL NAME OF AUTHORISED SIGNATORIES

SPECIMEN SIGNATURES

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Dated this _____ day of _____ 20__

FOR AND ON BEHALF OF _____
 (Name of Participant)

SIGNATURE OF DIRECTOR/AUTHORISED SIGNATORIES	NAME (please print)	DATE day/month/year
1.		/ /
2.		/ /

AUSTRACLEAR USE ONLY	SIGNATURE	DATE
AUTHORISED SIGNATURE(S) VERIFIED BY:		/ /

Guidance Notes

This Notification is to be signed by **one** of the methods below:

- (i) By a company under its Common Seal. or
- (ii) By two directors or one director and one company secretary. or
- (iii) Under Power of Attorney. The Power of Attorney must authorise the approval of Authorised Signatories for the purposes of the Regulations governing this facility. Thee attorney should state that he has no notice of revocation of the Power of Attorney under which he is signing. The Power of Attorney should be enclosed for noting or a certified copy provided or
- (iv) For existing Participants only by two previously approved and still current Authorised Signatories who have been appointed as Authorised Signatories for the purposes of the Regulations governing this facility and who, by the terms of their appointment, are authorised to approve additional Authorised Signatories and revoke approved of Authorised Signatories.