



CST CONTRIBUTIONS AND ADDITIONAL COVER FORM

To: Equity Operations
Company: ASX Settlement Pty Limited (ASXS)
Email: chesshelp@asx.com.au
Phone: 1800 814 051

This form provides ASX Clear with the information necessary to contact Clearing Participants and effect funds transfers associated with CST Contributions and Additional Cover. Refer to ASX Clear Operating Rules Section 8.1 – Contributions and ASX Clear Operating Rules Procedures 14.6.1 – Participant to Provide Cover (including Additional Cover).

The completed form should be emailed (refer to above email address), and the original mailed to:

Clearing Risk Management
 ASX Ltd
 P.O. Box H227
 Australia Square
 Sydney NSW 1215

CLEARING PARTICIPANTS MUST RELODGE THIS FORM AS SOON AS POSSIBLE IF CONTACT OR PAYMENT DETAILS CHANGE

Participant PID : Participant Name: _____

PART A – CLEARING PARTICIPANT CONTACT DETAILS (NOTIFICATIONS)

Contacts required for notification of contribution payments/receipt and monthly interest payments to be completed by **all** Clearing Participants. Please provide details for a minimum of two contacts. A group email is requested.

Contact 1 Name: _____ Phone: _____ Mobile: _____ Email: _____
Contact 2 Name: _____ Phone: _____ Mobile: _____ Email: _____
Contact 3 Name: _____ Phone: _____ Mobile: _____ Email: _____
Group Email: _____

PRIVACY COLLECTION STATEMENT: ASXS uses and discloses personal information only for the purpose for which it is provided and pursuant to the ASX Settlement Operating Rules. You should be aware and, where applicable, make individual clients and/or CHESS holders aware of the following information:

- a failure to provide the information may result in a breach of the ASX Settlement Operating Rules by the Participant/Issuer and/or may prevent ASXS from acting on your request;
- the personal information will not be disclosed or used for any other purpose unless the individual consents or ASXS is otherwise permitted to do so under the *Privacy Act 1988* (Cth);
- individuals may access personal information by contacting the ASX Chief Privacy Officer at PO Box H224 Australia Square NSW 1215.

PART B – CLEARING PARTICIPANT CONTACT DETAILS (SETTLEMENTS)

Contacts required for Exigo settlement issues. To be completed by **all** Clearing Participants. Please provide details for a minimum of two contacts. A group email is requested.

<p>Contact 1 Name: _____</p> <p>Phone: _____ Mobile: _____</p> <p>Email: _____</p>
<p>Contact 2 Name: _____</p> <p>Phone: _____ Mobile: _____</p> <p>Email: _____</p>
<p>Contact 3 Name: _____</p> <p>Phone: _____ Mobile: _____</p> <p>Email: _____</p>
<p>Group Email: _____</p>

PART C – CLEARING PARTICIPANT EXIGO DETAILS

To be completed by Clearing Participants that are members of Austraclear. Account details must be for House Accounts only. Two authorised Austraclear signatories are required. If Clearing Participant is not a member of Austraclear, proceed to Part D.

<p>Austraclear Member Name: _____</p> <p>Austraclear Member Code: <input style="width: 100px;" type="text"/></p> <p>Payment Provider (Settlement Bank): _____</p> <p>BSB : <input style="width: 100px;" type="text"/></p> <p>Account <input style="width: 100px;" type="text"/></p>

Name of Authorised Austraclear Signatory

Signature of Authorised Austraclear Signatory

Date

Signature of Authorised Austraclear Signatory

Date

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- the personal information will not be disclosed or used for any other purpose unless the individual consents or ASXS is otherwise permitted to do so under the *Privacy Act 1988* (Cth);
- individuals may access personal information by contacting the ASX Chief Privacy Officer at PO Box H224 Australia Square NSW 1215.

PART D – NOMINATED AUSTRACLEAR MEMBER AND THEIR EXIGO DETAILS

This section applies to Clearing Participants that are not members of Austraclear. This section must be completed by nominated Austraclear member acting on behalf of Clearing Participant. Nominated party may be a related entity or Payment Provider/Settlement Bank. Account details must be for House Accounts only. Two authorised Austraclear signatories are required.

<p>Austraclear Member Name:</p> <p>Austraclear Member Code: <input style="width: 150px;" type="text"/></p> <p>Payment Provider (Settlement Bank):</p> <p>BSB : <input style="width: 100px;" type="text"/></p> <p>Account <input style="width: 200px;" type="text"/></p>

Name of Authorised Austraclear Signatory	Signature of Authorised Austraclear Signatory	Date

Name of Authorised Austraclear Signatory	Signature of Authorised Austraclear Signatory	Date

PART E – MANAGER AUTHORISATION

This section requires an authorisation from the Manager responsible for details provided in this form. This section must be completed by **all** Clearing Participants.

Name	Signature

Position	Date

PAYMENTS / RECEIPTS MATCHED TO ASX CLEAR AUSTRACLEAR CODE OPTS₂₂ VIA EXIGO

The Participant indemnifies ASXS against any and all losses, damages, cost and expenses that ASXS may suffer as a result of ASXS acting upon this request.

Privacy notice: ASX collects and processes personal information in order to provide our services. Please see our Privacy Statement at www.asx.com.au/about/privacy-statement.htm for information on how ASX handles personal information and your rights in relation to your personal information held by ASX. For further enquiries please contact our Privacy Officer at the details in the Privacy Statement. If you provide personal information of any other individual to ASX, you should provide a copy of this notice to the individual before doing so.