AUSTRACLEAR AUDIT CERTIFICATE REQUEST FORM

| To: Austraclear Service Desk | | | | | | |
|--|---------------------------|-------|---------------------|-------|-----|--|
| Email: Austraclear@asx.com.au | | | | | | |
| Phone: 1300 362 257 | | | | | | |
| | | | | | | |
| PARTICIPANT NAME | PARTICIPANT CODE/MNEMONIC | | | | | |
| | | | | | | |
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| | | | | | | |
| CERTIFICATE TYPE | REQUIRED | MONTI | H/YEAR | COMME | NTS | |
| regarding Certificate Types can be located CERTIFICATE TYPE | | | | | | |
| Discount Security (DSS) Pledge | | | | | | |
| Fixed Interest (FIS) Pledge | | | | | | |
| Discount Security (DSS) Portfolio | | | | | | |
| Fixed Interest (FIS) Portfolio | | | | | | |
| Discount (DSS) Securities on Issue | | | | | | |
| Fixed Interest (FIS) Securities on Issue | | | | | | |
| Exchange Settlement Advice (ESA) | | | | | | |
| External Auditors Annual Report | | | | | | |
| | 1 | 1 | | ı | | |
| Audit Certificate Group Distribution Detail | ils | | | | | |
| COMPANY NAME | CONTACT NAME | | GROUP EMAIL ADDRESS | | | |
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| | | | | | | |



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This request MUST be completed by 2 Authorised Signatories of the requesting Austraclear Participant

| NAME of AUTHORISED SIGNATORY | SIGNATURE | DATE |
|------------------------------|-----------|------|
| | | |
| | | |

Please refer URL to the ASX Schedule of Fees and Charges for each Audit Certificate: <u>ASX Fees & Charges</u>



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