

CHESSE Sponsorship – Change of Address

PLEASE COMPLETE THIS FORM USING BLOCK LETTERS AND BLACK OR BLUE PEN

A. ACCOUNT DETAILS

Shaw Account Number

HIN (if known)

Adviser name (if known)

B. INDIVIDUAL CLIENT DETAILS

INDIVIDUAL 1

Title Given name(s) Surname

INDIVIDUAL 2

Title Given name(s) Surname

INDIVIDUAL 3

Title Given name(s) Surname

C. COMPANY CLIENT DETAILS

Company name

ABN/ACN

D. ACCOUNT DESIGNATION (For Superannuation Funds, Family Trusts or Minors)

< > Account

E. CLIENT DETAILS (Please provide your new details below)

Residential address or Company's Registered Office address

State Postcode

Registration address for shares. If same as above tick here

State Postcode

Mobile

Home

Business

Fax

Email

F. CLIENT SIGNATURE

The signatures below must match the signatories who originally opened the account. In the event there are three or more account holders on the account, only two signatures are required below.

Name of Individual 1/Director/Sole Director/
Company Secretary

Name of Individual 2/Director/Company
Secretary

Signature

Signature

Executed on

Executed on

DD / MM / YYYY

DD / MM / YYYY