Shawand Partners Financial Services

Request for Change in Sponsoring Broker

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

A. INDIVIDUAL C	LIENT DE	TAILS									
INDIVIDUAL 1											
Title Given name(s)							Surname				
INDIVIDUAL 2											
Title Gi	(s)			Surname							
INDIVIDUAL 3											
Title Given name(s)							Surname				
B. COMPANY CLIENT DETAILS											
Company name ABN/ACN											
C. ACCOUNT DESIGNATION (For Superannuation Funds, Family Trusts or Minors)											
< > Account											
D. CLIENT ADDRESS											
							State		Postcode	e	
	NEORED										
Please transfer all my CHESS holdings and HIN Please transfer securities listed in the table below											
Security No. of shares HIN at other broker						Name of registered shareholder					
Existing Sponsoring Broker New Sponsoring Broker										NOTE: Please	
Name						Shaw and Partners Limited forward original letter to existing					
Contact Contac											
Phone Fax						Contact: CHESS Department sponsoring broker. Tel: 02 9238 1238, Fax: 02 9221 1370					
F. SIGNED BY THE CLIENT											
Name of Individual 1/Director/Sole Director/ Name of Individual 2/Dire Company Secretary Secretary								Name of mur			
Signature S				Signature	Signature			Signature			
x								×			
Executed on											
	DD /	′ MM / YYYY									
Note: When signed under Power of Attorney, the attorney states that they have not received a notice of revocation. Shaw requires an originally certified copy of the Power of Attorney to be returned with this Agreement.											
TO BE COMPLETE	D BY SHAN	N									
Client Account Name	e										
Client A/C Number				Adviser code			HIN				
Data Entered					Verified]			