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## Open parcel history

|           | Security code | Purchase date | Quantity | Total cost |
|-----------|---------------|---------------|----------|------------|
| Parcel 1  |               | / /           |          | \$         |
| Parcel 2  |               | / /           |          | \$         |
| Parcel 3  |               | / /           |          | \$         |
| Parcel 4  |               | / /           |          | \$         |
| Parcel 5  |               | / /           |          | \$         |
| Parcel 6  |               | / /           |          | \$         |
| Parcel 7  |               | / /           |          | \$         |
| Parcel 8  |               | / /           |          | \$         |
| Parcel 9  |               | / /           |          | \$         |
| Parcel 10 |               | / /           |          | \$         |
| Parcel 11 |               | / /           |          | \$         |
| Parcel 12 |               | / /           |          | \$         |
| Parcel 13 |               | / /           |          | \$         |
| Parcel 14 |               | / /           |          | \$         |
| Parcel 15 |               | / /           |          | \$         |
| Parcel 16 |               | / /           |          | \$         |
| Parcel 17 |               | / /           |          | \$         |
| Parcel 18 |               | / /           |          | \$         |
| Parcel 19 |               | / /           |          | \$         |
| Parcel 20 |               | / /           |          | \$         |

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## Please sign here

This transfer request must be signed by the holder of the securities or by a person appointed by a power of attorney from the holder\*\*\*, or if a company, by:

- two existing directors
- a director and a company secretary
- for a proprietary company that has a sole director who is also the sole company secretary – that director.

**Signature 1**


Date:

Full name:

 Account holder
  Power of Attorney
  Company officer

Corporate title if company officer:

**Signature 2**


Date:

Full name:

 Account holder
  Power of Attorney
  Company officer

Corporate title if company officer:

\*\*\* If signing under a power of attorney, please include an original certified copy of this document as this may be a requirement of the external broker/custodian/issuer.

Please complete and return the form to **Macquarie Wrap, GPO Box 4045, Sydney NSW 2001**, or via email to **wrapsolutions@macquarie.com**. If you have any queries about completing this form please contact your adviser or us on **1800 025 063**.