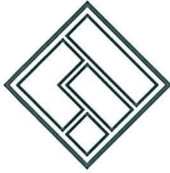


ASIC registered agent number _____
lodging party or agent name _____
 office, level, building name or PO Box no. _____
 street number & name _____
 suburb/city _____ state/territory _____ postcode _____
 telephone () _____
 facsimile () _____
 DX number _____ suburb/city _____

ASS.	<input type="checkbox"/>	REQ-A	<input type="checkbox"/>
CASH.	<input type="checkbox"/>	REQ-P	<input type="checkbox"/>
PROC.	<input type="checkbox"/>		



Australian Securities & Investments Commission

form **315**

Notification of
**resignation, removal or cessation
 of auditor**

Corporations Act 2001
 319(5)(a), 324(1) & (2), 327(4) & (15),
 329(11)(c), 330

Company name WINPAR HOLDINGS LIMITED
 A.C.N. 003 035 523

Details of company

(tick one box)

public company proprietary company

**Details of resignation,
 removal or cessation**

- notice was received of the resignation of the auditor/s
 date of receipt of notice of resignation (d/m/y) 14 10 31 07
- the auditor/s was/were removed from office
 date of removal (d/m/y) / /
- the auditor is deceased
 date of death (d/m/y) / /
- the auditor has been disqualified for reasons specified under section 324(1) or (2) of the Corporations Act 2001
 date of disqualification (d/m/y) / /
- the company is being wound up (refer section 330 of the Corporations Act 2001)
 date of resolution or date of Court Order (d/m/y) / /
- the company has become a subsidiary of another company (refer subsection 327(15) of the Corporations Act 2001)
 retired at AGM held (d/m/y) / /

Details of resigning auditors

name (family & given names) GEOFFREY ALLAN WHITE
 or if a firm, business name _____
 office, level, building name _____
 street number & name 10 GEORGE STREET
 suburb/city LEICHHARDT state/territory NSW postcode 2040

name (family & given names) _____
 or if a firm, business name _____
 office, level, building name _____
 street number & name _____
 suburb/city _____ state/territory _____ postcode _____

Small Business (less than 20 employees),
 please provide an estimate of the time taken
 to complete this form

Include

- The time actually spent reading the instructions, working on the question and obtaining the information
- The time spent by all employees in collecting and providing this information

hrs mins

Signature

I certify that the information in this form is true and complete.

print name GORDON ELKINGTON capacity SECRETARY

sign here Gordon Elkington date 15 10 31 07