

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



ASS.  REQ-A   
 CASH.  REQ-P   
 PROC.

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 WINDAR 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) 24 / 11 / 11
- 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) GRAHAM BAKER  
 or if a firm, business name \_\_\_\_\_  
 office, level, building name \_\_\_\_\_  
 street number & name 2 KENNEDY PLACE  
 suburb/city ST IVES state/territory NSW postcode 2075

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

**Signature**

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

print name GORDON ELKINGTON capacity SECRETARY

sign here Gordon Elkington date 1 / 1 8 NOVEMBER 2011