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Form 484 Corporations Act 2001

Change to company details

Sections A. F	R or C may be	lodged independen	tly with this signer	d cover pag	e to notify ASIC of:
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- A1 Change of address
- A2 Change of name officeholders or members
 A3 Change ultimate holding company
- B1 Cease company officeholder
- B2 Appoint company officeholder
- B3 Special purpose company

- C1 Cancellation of shares

- C2 Issue of shares
 C3 Change to share structure
 C4 Changes to the register of members

Company details	Company name					
	FREMANTLE COMMUNITY FINANCIAL CERUICES LTD					
Refer to guide for information about	ACN/ABN	Corporate key				
corporate key	114 925 174	03241773				
Lodgement details	Who should ASIC contact if there is a query about this form?					
	Name					
	Patrick Gurdne					
	ASIC registered agent number (if applicable)					
	-					
	Telephone number					
	0423 105 032	-				
	Postal address					
	6 Elfrada Avenue					
	SOMMENTO 6020 WA					
	Total number of pages including this cover sheet Please pro	vide an estimate of the time taken to complete this fo				
	2	hrsS mins				
Signature This form must be signed by a current o	I certify that the information in this cover sheet and the attached s Name Parales Grander	sections of this form are true and complete.				
	Capacity					
	Director					
	Company secretary					
	Signature					
	Pa					
	Date signed Date signed M M V Y					
Lodgement	Send completed and signed forms to:	For help or more information				
	Australian Casurities and Investments Commission	T.I 6 a.a. 02 E477 2000				
	Australian Securities and Investments Commission, PO Box 4000, Gippsland Mail Centre VIC 3841.	Telephone 03 5177 3988 Email info.enquiries@asic.gov.au Web www.asic.gov.au				

Or lodge the form electronically by visiting the ASIC website www.asic.gov.au

26 February 2004

Cover page

10.9

B1 Cease company offi	iceholder	***		
Use this section to notify if a compan officeholder.	y officeholder has ceased to be a company of	fficeholder. You need to notify details separately for each ceased		
Role of ceased officeholder Select one or more boxes	Director Secretary Alternate director — Person alternate for			
Date officeholder ceased	Date of change			
Name	The name of the ceased officeholder is Family name MANOT Date of birth D 3 / J 2 / S (D D) [M M] [Y Y] Place of birth (town/city)	Given names LALLY (state/country) MALAYSIA		
B1 Continued Cease a	nother company officeholde	er		
Use this section to notify if a compan officeholder.	y officeholder has ceased to be a company of	fficeholder. You need to notify details separately for each ceased		
Role of ceased officeholder Select one or more boxes	Director Secretary Alternate director ———Person alternate for			
Date officeholder ceased	Date of change [D D] / [M M] / [Y Y]			
Name	The name of the ceased officeholder is Family name Date of birth	Given names		
	[D D] [M M] [Y Y] Place of birth (town/city)	(state/country)		