



## **FUTURE SHARE HOLDER DIVIDEND PAYMENTS**

Dear Shareholder,

We have been advised by the AFS & Associates, the company who managers our Share Registry and issues the dividend payments on behalf of Harbord Financial Services Limited, that they will no longer be issuing cheques for free and that all future dividend payments should be credited to a bank account for a more secure and efficient distribution issue.

If bank account details are not provided then AFS will be charging Harbord Financial Services a \$5.00 fee per dividend cheque issued, or if a cheque is lost or not received and a replacement cheque is required, the AFS fee charged to the shareholders is \$60.00 per replacement cheque. There will be no fee for paying dividend payments directly into a shareholders bank account.

Accordingly we have attached a direct credit form for completion of bank account details. To all shareholders who have already provided bank account details we thankyou, should you wish to make any change to your bank details complete the form with your new details. If you have already lodged your bank account details with us via a previous form you do not need to lodge a new form.

We have enclosed a return address envelope for your convenience for your direct credit and proxy form if you are not attending the Annual General meeting and want to appoint a proxy. Alternatively you can drop it into the Freshwater branch.

Your assistance in the completion of the documentation for the updating of the share registry is greatly appreciated as it will allow you to immediately receive the dividend into your account and save us \$5.00 per cheque which reduces our costs.

If you have any questions could you please direct initially to Simmone at the Branch on Thursdays.

Yours sincerely

Ian Greentree Company Secretary Harbord Financial Services Limited

Company or Trust in which Securityhol	ding is held	partners in success
HARBORD FINANCIAL S	ERVICES LIMITED	Chartered Accountants & Business Advisors
Shareholder Name(s) as it appears on the I	Register	PO Box 454 Bendigo VIC 3552
		61-65 Bull Street Bendigo VIC 3550
		Phone (03) 5443 0344 Fax (03) 5443 5304
Shareholder Address (as it appears on the	Register)	shareregistry@afsbendigo.com.au www.afsbendigo.com.au
		ABN 51 061 795 337
		Customer/Shareholder Reference Number (SRN)
Direct Credit		
Please read HOW TO COMPLETE TH	IIS FORM first and use block le	tters to complete all sections of this form.
A Request for Direct Crediting	g of Dividends	
BSB number (eg 063000)	Account Number	
Name in which account is held (eg. JO	HN SMITH)	
Name of Australian bank or financial	institution	
Name of branch or suburb or town	Type o	f accounts (eg. cheque, savings, etc)
DO NOT USE YOUR CREDI	T CARD NUMBER	
If you are unsure of your BSB	number or account number, ple	ease check with your bank.
B. Sign Here – This section must	he signed for your instructions f	to be executed.
		set out above. I/We acknowledge that these instructions
l di mionitri ovor o	dl provious instructions relating to	navment of dividends to which the arrate chartes to be
paid in cash, but do not override a	ny previous Dividend Reinvestme	nt Pian Instructions.
Individual or Shareholder 1/Executor 1	Sharcholder 2/Executor 2	Shareholder 3/Executor 3
(1)	Name (please print)	Name (please print)
Name (please print)	(tuno (pieuse piini)	
C. A. W.	Signature	Signature
Signature  Director/Sole Director & Sole Company	<del>-</del>	etary Sole Director (No Company Secretary)*
Director/Sole Director & Sole Company	Secretary Director, Company	•
Name (please print)	Name (please print)	Name (please print)
Name (please print)	M 3 /	
Signotura	Signature	Signature
Signature * Pu signing here I	<del>-</del>	
the company does not have a Company Secre	etary and that as the Sole Director I am aut	norms of the company to very service.
Note: When signed under Power of Attorney that they have not received a notice of revoca	ation. AFS & Associates	Day Month Year
Pty Ltd needs to sight a certified copy of the	Power of Attorney.	1 1

## How to complete this form

## A. Request for Direct Crediting of Dividends

Please enter your BSB and Account number in the fields provided.

Enter the name in full that appears on your bank account.

Enter the name of the bank or financial institution, the location and type of bank account held.

B. Signature(s)

Individual:
Joint Holding:
Companies:

where the holding is in one name, the Shareholder must sign.

where the holding is in more than one name, all of the shareholders must sign.

either 2 Directors or a Director and a Company Secretary must sign this form. If the company has a Sole Director who is also the Company Secretary, that Director may sign alone and is required to complete the warranty confirmation there is no Company Secretary by completing their name in full.

Please delete titles as applicable.

Privacy Clause: AFS & Associates Pty Ltd advises that Chapter 2C of the Corporations Act 2001 requires information about you as a security holder (including your name, address, and details of the securities you hold) to be included in the public register of the entity in which you hold securities. Information is collected to administer your security holding and if some or all of the information is not collected then it might not be possible to administer your security holding. Your personal information may be disclosed to the entity which you hold securities. You can obtain access to your personal information by contacting us at the address or telephone number shown on this form. Our privacy policy is available on our website (<a href="https://www.afsbendigo.com.au">www.afsbendigo.com.au</a>). If a claim is made on our financial institution in relation to an alleged incorrect or wrongful debit, we may be required to disclose this information to our financial institution.

Please contact AFS & Associates Pty Ltd if you have any question in relation to the completion of this form.

Please return the completed form to the address below:

AFS & ASSOCIATES PTY LTD PO Box 454 BENDIGO VIC 3552

## FORM TO RECEIVE ANNUAL REPORTS BY EMAIL

Please complete this form only if you wish to receive Annual Reports electronically

By supplying us with your email address you will receive an email when the Annual Report, Notice of Meeting and other shareholder information is available.

We can then send you an email with a link to the Annual Report and other shareholder information at Harbord Financial Services Ltd website

Please provide the following information in the space below

Name of shareholder(s)															
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Signature(s)															
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You understand by completing this form the shareholder will not receive a paper copy of the Annual Report and Notice of Annual General meeting and will only receive an email.

The email will provide you with a link to view and obtain a copy of the annual report in electronic form from Harbord Financial Services Ltd Website.

This email service may possibly also be used to inform the shareholder of other information such as Special General Meetings, Financial summaries and other information required to be supplied to shareholders by Harbord Financial Services Ltd

Please post or hand deliver addressed to The Company Secretary Harbord Financial Services Limited C/- Freshwater Community Bank® 20 Albert Street, FRESHWATER NSW 2096

Don't forget you can view information about Harbord Financial Services Limited at www.harbordfinancialservices.com.au

Email addresses are collected by Harbord Financial Services Ltd for the purpose of sending shareholder communications to you. We will only use the information provided on this form for that purpose. We will only disclose this information to our share registery service with AFS and contractors such as mail house companies in connection with sending shareholder communications and as required by law. We are bound by the Privacy Act 1988 (Cwlth).

