ASIC registered agent number		315 page 1/1 15 July 200
lodging party or agent name .		
office, level, building name or PO Box no		
street number and name		
suburb / city		
	state/territory postcode	
telephone		
facsimile	-	ASS. REO-A
DX number	suburb / city	CASH. REO-P PROC.
EXPERIMENTAL DECIMAR DESCRIPTION DE CONCESSOR DE CONCESSO		
	Australian Securities & Investments Commission	form 315
		iom 🐶 🖁 🐭
	Notification of	Corporations Act 2001
	resignation, removal or cessation	319(5)(a), 324(1) & (2), 327(4) & (15),
	of auditor	329(11)(c), 330
Company name	HERVEY BAY + DISTRICT FINANCIAL	
A.C.N.	116 S67 072	SERVICES CID
	TIO 301 CIZ.	
Details of company		
(tick one box)	☐ public company ☐ proprietary company	
(new one pox)	☑ public company ☐ proprietary company	,
Details of resignation, removal or cessation		
removal or cessation	☑ notice was received of the resignation of the auditor/s	
·	date of receipt of notice of resignation (d/m/y) 2^{4}	/10
	MARPHONOLOGICA CONTRACTOR CONTRAC	
	☐ the auditor/s was/were removed from office	
	date of removal (d/m/y)	
	#PORTUNATION PROPERTY AND PROPE	
	☐ the auditor is deceased	
	date of death (d/m/y)	1
		THE
	$\hfill\square$ the auditor has been disqualified for reasons specified under section	324(1) or (2) of the Cornorations Act 2001
	date of disqualification (d/m/y)	/
	#MERITAGE AND	
	\square the company is being wound up (refer section 330 of the Corporation	s Act 2001)
	date of resolution or date of Court Order (d/m/y)	$I = \frac{1}{2} \left(\frac{1}{2} - \frac{1}{2} \right)$

	$\hfill\square$ the company has become a subsidiary of another company (refer sul	bsection 327(15) of the Corporations Act 2001
	retired at AGM held (d/m/y)	1
	AND COMMITTED AND COMITTED AND COMMITTED AND COMMITTED AND COMMITTED AND COMMITTED AND	
Details of resigning aud	litore	
name (family & given names)	DAVID HUTCHINGS	and the second s
or if a firm, business name	MINIS HOTCHINGS	
office, level, building name	61-65 BULL STREET	
street number & name	61-65 BULL STREET	
suburb/city	Q = S t a	
anout of city	BENDICO state/territory VIC posto	ode 3\$\$2
name Hamilu & airea named		
name (family & given names)		
or if a firm, business name		
office, level, building name		
street number & name		
suburb/city	state/territory postc	ode
Signature	I certify that the information in this form is true and complete.	
man of security of	r certify that the information in this form is true and complete.	
print name	CHRIS KIORDAN CAPACITY SECRETARY	
presson constitue	CITY PICKETHEN	
sign here	C// 6 Jan. 19 / 2 / 19	
અનુકા માર્યક	(Kord date 11/3/11	
· ·		