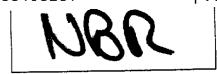
## **Investments Commission**



Form 484 Corporations Act 2001

## Change to company details

Sections A, B or C may be lodged independently with this signed cover page to notify ASIC of:

- A1 Change of address
- A2 Change of name officeholders and proprietary company 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 for proprietary companies

Company details	Company name		
Company Columb	COMMUNITY FINANCIAL 5	GERVICES VICTORIA LIMITED	
Refer to guide for information about	A <del>QN</del> /ABN	Corporate key 8734-9850	
corporate key	51092 756 351	<del>27581423</del>	
		43.5	
Lodgement details	Who should ASIC contact if there is a query about	this form?	
	COMMUNITY FINANCIAL SERVICES VICTORIA LIMITEO		
	TANIA HANSEN		
	ASIC registered agent number (if applicable)		
	Telephone number	<b>59</b> 9.2	
	03 59975019	1 9 NOV 2008	
	Postal address or DX address		
	29 WESTERNPORT RO	AJ.	
	LANG LANG		
	Total number of pages including this cover sheet		
		Dia number of pages in occurs mis-	figure and the second of the s
Signature	and the state of t	•	
This form must be signed by a current of			
	I certify that the information in this cover sheet and the	e attached sections of this form are true and complete.	
	Name		
	TANIA HANSEN		
	Capacity		
	Director		
	Company secretary		
·	Signature OTI by OTIO		
	Suprosen		
	Date signed		
	TY W M'G		
	Sond completed and signed forms to:	For help or more information	

Lodgement

Australian Securities and Investments Commission, PO Box 4000, Gippsland Mail Centre VIC 3841.

Or lodge the form electronically by visiting the ASIC website

Telephone 1300 300 630

Email

info.enquiries@asic.gov.au

Web

www.asic.gov.au

ОӨ Дес 2008 <b>4:</b> 57РМ	CISV Ltd	0359 <del>4</del> 18257	p.2
32 Appoint company on	ricenoider		•
Use this section to notify appointment of a	company officeholder. You need to notify details	separately for each new officeholder.	
Role of appointed officeholder Selectione or more boxes	X Director Secretary		
	Alternate director		
Date of appointment	Date of appointment  3 0, 10, 0, 0 8  [D D] [M M] [Y Y]		
Name	The name of the appointed officeholder is	(provide full given names, not initials) Given names	
	Family name  DE JONG	MEINT PETER	
	Dete of birth  2 1 1 1 2 4 6  D D M M (Y Y)		
	Place of birth (town/city)	(state/country)	<del> </del>
	THE HAGUE	THE NETHERLANDS	
Former name Eg change by deed poll or marriage	Their previous name was (provide full given Family name	ren names, not initials) Given names	
Residential address	The residential address of the appointed officeholder is  Street number and Street name		
	22 DIXON ROAD		
	Suburb/City	State/Territory	·
	CARDINIA	VICTORIA	
	Postcode Country (if not Aus	stralia)	
if an 'Alternate director', for whom	The appointed 'Alternate director' is alte Family name	rnate for (person alternate for) Given names	
Note: Where an Alternate director is appointed, please attach the terms of appointment to this change form. (Refer to the guide for annexure requirements)	Expiry date (if applicable)  [D D] [M M] [Y Y]		
•	Alternate director terms of appointment	nt attached	