Investments Commission



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:

CISV Ltd

- 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

| Milibalit details | Company name | 1 - 6 - 44.7-60 |
|---|--|---------------------------------|
| Company details | COMMUNITY FINANCIAL SERVICES | VICTORIA LIMITEU |
| Refer to guide for information about | AENIABN | Corporate key 8734 985C |
| corporate key | 51 092 756 351 | \$15 814 23 |
| | | |
| Lodgement details | Who should ASIC contact if there is a query about this form? | |
| | Firm/organisation Control | Victor DIA LIZA LTE A |
| | COMMUNITY FINANCIAL SERVICES | VICTORIA CIMITIED |
| | Contact name/position description | |
| | TANIA HANSEN | |
| | ASIC registered agent number (if applicable) | |
| | | 10 0 |
| | Telephone number | 1 9 NOV 2008 |
| | 03 59975019 | 1 2 140 4 5000 |
| | Postal address or DX address | AU |
| | 29 WESTERNPORT RO | |
| | LANG LANG | |
| | Total number of pages including this cover sheet | |
| | | |
| Signature This form must be signed by a current of | fficeholder of the company. I certify that the information in this cover sheet and the attached sections of the cover sheet and the cover sheet and the cover sheet and the cover sheet and the cover sheet attached sections of the cover sheet and the cover sheet attached sections of the cover sheet attached sec | nis form are true and complete. |
| Signature This form must be signed by a current of | I certify that the information in this cover sheet and the attached sections of the Name | nis form are true and complete. |
| Signature This form must be signed by a current of | I certify that the information in this cover sheet and the attached sections of the Name TANIA HANSEN | nis form are true and complete. |
| Signature This form must be signed by a current of | I certify that the information in this cover sheet and the attached sections of the Name TANIA HANSEN Capacity | nis form are true and complete. |
| Signature This form must be signed by a current of | I certify that the information in this cover sheet and the attached sections of the Name TANIA HANSEN Capacity Director | nis form are true and complete. |
| Signature This form must be signed by a current of | I certify that the information in this cover sheet and the attached sections of the Name TANIA HANSEN Capacity | nis form are true and complete. |
| Signature This form must be signed by a current of | I certify that the information in this cover sheet and the attached sections of the Name TANIA HANSEN Capacity Director | nis form are true and complete. |
| Signature This form must be signed by a current of | I certify that the information in this cover sheet and the attached sections of the Name TANIA HANSEN Capacity Director Company secretary | nis form are true and complete. |
| Signature This form must be signed by a current of | I certify that the information in this cover sheet and the attached sections of the Name TANIA HANSEN Capacity Director Company secretary Signature Additional cover sheet and the attached sections of the Name of the | nis form are true and complete. |
| Signature This form must be signed by a current of | I certify that the information in this cover sheet and the attached sections of the Name TANIA HANSEN Capacity Director Company secretary | nis form are true and complete. |

Lodgement

Send completed and signed forms to:

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

| 00 Dec 2000 4:57PM | CISV Ltd | 0359418257 | p.4 |
|---|--|--|--|
| 31 Cease company office | eholder | de catific dataile congrately for each | ch ceased |
| Jse this section to notify if a company of ficencider. | ifficeholder has ceased to be a compa | my officeholder. You need to notify details separately for ear | 31,00000 |
| Role of ceased officeholder Select one or more boxes | Director | | |
| | Secretary Alternate director — Person a | alternate for | |
| | Allerisale director | | |
| Date officeholder ceased | Date of change 3 0 / 1 0 / 0 8 (D D) [M M] [Y Y] | | , and the second se |
| Name | The name of the ceased officeholder | is Given nämes | |
| | Family name SAMP SON | GORDON LOVELL | |
| | Date of birth | | |
| | Place of birth (town/city) | (state/country) VICTORIA | |
| | MELBOURNE | VICTORIA | |
| B1 Continued Cease at | nother company officeh | older | |
| Use this section to notify if a company officeholder. | officeholder has ceased to be a comp | pany officeholder. You need to notify details separately for e | each ceased |
| Role of ceased officeholder Select one or more boxes | Director | | |
| | Secretary | | |
| | Alternate director—— Person | n alternate for | |
| Date officeholder ceased | Date of change | | |
| | | | ينعوب سيدر |
| Name | The name of the ceased officeholds | er is Given names | |
| | altiny traine | | |
| | Date of birth D D M M [Y Y] | | |

Place of birth (town/city)

(state/country)