

Wantirna  
**Community Financial Services Limited**



16 October 2008

Your ref.

Our ref. GHG:DH:BBL

Australian Securities and Investments Commission  
PO Box 4000  
**GIPPSLAND MAIL CENTRE VIC 3841**

Bendigo Stock Exchange  
Level 8, 410 Collins Street  
**MELBOURNE VIC 3000**

*Dear Sir / Madam,*

**Re: Wantirna Community Financial Services Limited**

We enclose Form 484 for filing.

Yours faithfully,

GARRY H. GRACE, BSc.LL.B.

Chairman

Wantirna Community Financial Services Ltd

Per:

encl.





## 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 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

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

### Company details

Refer to guide for information about  
corporate key

Company name

WANTIRNA COMMUNITY FINANCIAL SERVICES LTD

ACN/ABN

118 000 230

Corporate key

96617277

### Lodgement details

Who should ASIC contact if there is a query about this form?

Name

WANTIRNA COMMUNITY FINANCIAL SERVICES LTD

ASIC registered agent number (if applicable)

GARRY HARRISON GRACE (CHAIRMAN)

Telephone number

(03) 9720 2922

Postal address

SUITE 30, WANTIRNA MALL, 348 MOUNTAIN

HWY WANTIRNA VIC 3152

Total number of pages including this cover sheet

2

Please provide an estimate of the time taken to complete this form.

hrs mins

### Signature

This form must be signed by a current officeholder of the company.

I certify that the information in this cover sheet and the attached sections of this form are true and complete.

Name

GARRY HARRISON GRACE

Capacity

☒ Director

☐ Company secretary

Signature

Date signed

16/10/08  
[D] [D] [M] [M] [Y] [Y]

### 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  
[www.asic.gov.au](http://www.asic.gov.au)

### For help or more information

Telephone 03 5177 3988  
Email [info.enquiries@asic.gov.au](mailto:info.enquiries@asic.gov.au)  
Web [www.asic.gov.au](http://www.asic.gov.au)

## A1 Change of address

This section allows a new address to be applied to one or more purposes (ie registered office, principal place of business, company officeholder or member). You must copy and attach another Section A1 for each new address.

### New address

A PO Box is only allowed for a member address

At the office of, C/- (if applicable)

Office, unit, level, or PO Box number (A PO Box is only allowed for a member address)

Street number and Street name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

### Date of change

For members' address changes, use the date of change to the members' register

Date of change

  
[D] [D] [M] [M] [Y] [Y]

### Apply address to

You can apply the new address to one or more of the following — registered office, principal place of business, etc.

#### Registered office address

A change to the registered office address takes effect either 7 days after lodgement of the notice or a later date specified in the notice.

☒ Registered office address

If the registered office has changed, does the company occupy the premises?

☒ yes

☐ no

if no, name of occupier?

☐ Occupier's consent (Select box to indicate the statement below is correct)

The occupier of the premises has consented in writing to the use of the specified address as the address of the registered office of the company and has not withdrawn that consent.

☒ Principal place of business address

☐ Company officeholder's residential address

1 Family name  Given names

Date of birth

  
[D] [D] [M] [M] [Y] [Y]

Place of birth (town/city)

(state/country)

2 Family name  Given names

Date of birth

  
[D] [D] [M] [M] [Y] [Y]

Place of birth (town/city)

(state/country)

☐ Member's address

1 Family name  Given names

2 Family name  Given names

When a member is a company, not a person

Company name (only if a member)

1

ACN/ ARBN/ ABN

Country of incorporation (if not Australia)

#### Member's address

If there are more than 20 members in a share class, only address changes for the top 20 need be notified.