

Details of members

Use this section to notify the name and address of each person who consents to become a member.

Member details and  
shareholding

☐ Family name

Given names

OR

☐ Company name

ACN/ARBN/ ABN

Address of individual or  
company

care of

Office, unit, level or PO box number

Street number and Street name

Suburb/City

State/Territory

Postcode

country (if not Australia)

| Share class<br>code | Number of<br>shares taken up | Amount agreed to<br>pay per share | Total \$ paid on<br>these shares | Amount unpaid<br>per share | Total \$ unpaid on<br>these shares | Fully paid<br>(y/n) | Beneficially<br>held (y/n) |
|---------------------|------------------------------|-----------------------------------|----------------------------------|----------------------------|------------------------------------|---------------------|----------------------------|
|                     |                              |                                   |                                  |                            |                                    |                     |                            |
|                     |                              |                                   |                                  |                            |                                    |                     |                            |
|                     |                              |                                   |                                  |                            |                                    |                     |                            |
|                     |                              |                                   |                                  |                            |                                    |                     |                            |
|                     |                              |                                   |                                  |                            |                                    |                     |                            |
|                     |                              |                                   |                                  |                            |                                    |                     |                            |
|                     |                              |                                   |                                  |                            |                                    |                     |                            |
|                     |                              |                                   |                                  |                            |                                    |                     |                            |
|                     |                              |                                   |                                  |                            |                                    |                     |                            |
|                     |                              |                                   |                                  |                            |                                    |                     |                            |