



BROKER TO BROKER TRANSFER OF SPONSORED HOLDINGS REQUEST

CURRENT SPONSORSHIP AND SPONSORING BROKER PARTICULARS

You must use the same registration details as per your CHESS Holding Statement held at your existing broker

	TITLE	GIVEN NAME(S) OR COMPANY NAME	SURNAME
Applicant 1 or Director:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Applicant 2 or Director / Company Secretary:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Applicant 3:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Account designation: (if applicable)	<input style="width: 100%;" type="text" value=" < "/>		HIN: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Existing Broker name:	<input type="text"/>		Broker PID: (if known) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Account name:	<input type="text"/>		Account Number: <input type="text"/>
Registration address:	<input type="text"/>		
Suburb/Town:	<input type="text"/>	Post code: <input type="text"/>	State: <input type="text"/>

Transfer HIN and holdings from existing broker Transfer only those holdings listed below from existing broker

ASX Code	Holding name (e.g. Wesfarmers Limited)	Quantity
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

SIGNING AND ACKNOWLEDGEMENT

By signing below I/we authorise State One to transfer the existing HIN and holdings detailed above into my/our STATE ONE account.

	NAME	SIGNATURE
Applicant 1 or Director: (if sole director please tick box) <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Applicant 2 or Director / Company Secretary:	<input type="text"/>	<input type="text"/>
Applicant 3:	<input type="text"/>	<input type="text"/>
WITNESS: (not an Applicant or Third Party)	<input type="text"/>	<input type="text"/>
Date:	<input type="text" value=" / /"/>	

Please send the completed form to:

State One Stockbroking Ltd
PO BOX 7625
CLOISTERS SQUARE WA 6850
PID: 6788
TEL: + 61 8 9288 3388
FAX: + 61 8 9321 6998