

Company or Trust in which investment is held – THIS MUST BE COMPLETED
(The full name of the Share Company or Trust in which the securities being transferred are held)

Full Name(s) of Registered Holding

(Enter the given and last names of all securityholder(s) shown on the securityholder documents)

Account Designation

Registered Address

(The actual address that is shown on the securityholder documents)

 Postcode

Securityholder Reference Number (SRN)

All communications to:
Joseph Palmer & Sons
GPO Box 895
Sydney NSW 2001
Telephone: (02) 9233 2433
Facsimile: (02) 9232 4284
Email: jps@jpalmer.com.au
Website: www.jpalmer.com.au

A

SMALL ESTATE STATEMENT AND INDEMNITY

Please complete this form in **BLACK INK** using capital letters. Photocopies will not be accepted.

1. Description of Securities (Shares, Options, etc)
2. Number of Securities held

I/We do solemnly and sincerely declare I am/we are the legal representative(s) for the above deceased estate.

3. Full name(s) of Executor(s) or Administrator(s)

4. Address of Executor(s) or Administrator(s). Only one address can be recorded.

Unit Number/Level	Street Number	Street Name	State	Post Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Town <input type="text"/>				

5. I/We request the transmission of the securities detailed above to ourselves as legal representative(s) of the estate without requiring a Grant of Probate or Letters of Administration or reseal of grant of probate to be obtained in the state of:

 (Australian State or Territory where the securities are registered)

I/We indemnify and will continue to indemnify Share Investing Limited & Joseph Palmer & Sons against all losses in respect thereof and all claims, actions, proceedings, demands, costs and expenses whatsoever which may be made or brought against them by reason of compliance with this request.

6. Contact Name Telephone Number (Business Hours) Telephone Number (After Hours)

B

SIGNATURE(S) OF EXECUTOR(S)/ADMINISTRATOR(S) – THIS MUST BE COMPLETED

Executor/Administrator (delete one)	Executor/Administrator (delete one)	Executor/Administrator (delete one)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Witness <input type="text"/>	Witness <input type="text"/>	Witness <input type="text"/>

The witness(es) certifies that the person(s) who has/have signed this statement is/are known to them and has/have signed in the presence of the witness with their normal signature(s).

Date: / /

HOW TO COMPLETE THIS FORM

- A** **Small estates statement and indemnity.** Enter the following in the spaces provided:
1. A brief description of the type of securities eg. shares, options etc.
 2. The number of securities held in figures.
 3. The full name(s) of all Executor(s) or Administrator(s).
 4. The address details to be entered on the register. Please note that only one address can be recorded. This should be the address for the delivery of all future correspondence.
 5. The Australian State or Territory where the securities are registered.
 6. A contact name and telephone number of a person in the event that there is a query regarding this form.

B **Signature – All Executor(s)/Administrator(s) must sign in the presence of a witness who is known to them.**