ASTC CERTIFICATE CANCELLATION
(Regulation 7.5.60 Corporations Regulations 2001)
(Subdivision 4.8)

CLAIM FORM

WHERE TO SEND
YOUR CLAIM FORM

Post it to: Securities Exchanges Guarantee Corporation Ltd
PO Box H224
Australia Square
Sydney NSW 1215

OR

Deliver it to: Securities Exchanges Guarantee Corporation Ltd
Level 7, Exchange Centre
20 Bridge Street
Sydney NSW 2000

Enquiries Phone: (02) 9227 0424
GUIDE TO COMPLETING THIS FORM

** Please read carefully **

WHAT YOU NEED TO DO

- This form if you have suffered monetary loss as a result of a contravention by a dealer of the SCH certificate cancellation provisions.

- You should lodge your claim as soon as possible after you become aware that you have suffered loss.

- There is a statutory time limit for lodging claims on SEGC. A claim should be lodged within 6 months after you first became aware of having suffered loss. The Board of the Securities Exchanges Guarantee Corporation Limited (SEGC) (who will consider your claim) has a discretion to waive the time bar in appropriate cases, but the onus is on you to establish that it is appropriate for the Board to exercise its discretion.

- Keep a copy of the completed claim form and any other papers attached to the form so that you have your own record.

STEPS FOR COMPLETION & LODGEMENT OF CLAIM FORM

STEP 1

- When completing the claim form please print clearly. Follow the "go to" instructions on the form and attach further information on separate pages if there is not enough space on the form.

  The person completing the form must sign the Statutory Declaration in the presence of a prescribed person (see attached list), who will sign the form as a witness. Before you sign the Declaration read it carefully.

  The onus is on you to prove your claim so ensure you include all relevant information or documentation which goes towards proving your claim.

- You may complete a single claim form to include more than one cancellation but each claim will be treated separately. All relevant information should be supplied in respect of each cancellation.

- If your claim is outside the 6 month time limit, you also need to provide information which is relevant to the SEGC Board's consideration of whether it is appropriate to waive the time restriction. Factors which the Board may take into account include:

  - the extent of the delay in lodging a claim;
  - any reason or excuse for the delay;
  - the degree of your commercial experience or inexperience;
- whether any particular hardship will be caused to you;
- any other matter which you consider relevant for the Board's consideration;

The Board may also consider general policy issues, including the efficient administration of the National Guarantee Fund and any prejudice which may be suffered by SEGC by reason of the delay in lodging the claim.

**STEP 2**

- Post or deliver your claim form and any attachments to SEGC at the address on the coversheet.

**WHAT WILL HAPPEN AFTER YOU SEND YOUR CLAIM TO SECURITIES EXCHANGES GUARANTEE CORPORATION LTD**

- You will get a letter from SEGC telling you that your claim has been received.
- SEGC management will check that the claim is valid and may decide to seek further information from you, your dealer or other sources, if necessary. You must be prepared to assist SEGC with this, if required.
- SEGC management will present the claim to the SEGC Directors, who after reviewing the claim, will determine whether or not to allow the claim.
- SEGC will advise you of the Board's decision.

If your claim is allowed, SEGC will compensate you for the loss suffered as a result of the dealer's contravention.
SCH CERTIFICATE CANCELLATION PROVISIONS
(Regulation 7.5.60 Corporations Regulations (Subdivision 4.8))

CLAIM FORM

1 CLIENT'S PERSONAL DETAILS

Surname / Family name / Company name

Given name(s) or Company ABN or ACN

Mr ☐ Ms ☐ Other (Title) ☐
Mrs ☐ Miss ☐ .................

Home address / Company business address
..................................................................
..................................................................
..................................................................
.....................................Post Code ........

Postal address (or "as above")
..................................................................
..................................................................
..................................................................
.....................................Post Code ........

Home telephone number
( )

Work telephone number
( )

Occupation

* Complete if more than one claimant

Claim Number: .................

CLIENT'S PERSONAL DETAILS
*(please see note below)

Surname / Family name / Company name

Given name(s) or Company ABN or ACN

Mr ☐ Ms ☐ Other (Title) ☐
Mrs ☐ Miss ☐ .................

Home address / Company business address
..................................................................
..................................................................
..................................................................
.....................................Post Code ........

Postal address (or "as above")
..................................................................
..................................................................
..................................................................
.....................................Post Code ........

Home telephone number
( )

Work telephone number
( )

Occupation

* Complete if more than one claimant
2 AGENCY

Are you lodging this claim form on behalf of another person?

☐ No. Go to 3.

☐ Yes. What is the basis of you doing so?

☐ Power of Attorney
☐ Other. Please specify .........................

PERSONAL DETAILS OF AGENT

Surname / Family name / Company or Firm name

Given name(s) or Company ABN or ACN

Mr ☐ Ms ☐ Other (Title) ☐
Mrs ☐ Miss ☐ ..................

Postal address

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...................................................................................................................................................
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...................................................................................................................................................
Post Code ................

Home telephone number

( )

Work telephone number

( )

Occupation

3 DETAILS OF TRANSACTION

Name and address of dealer instructed to transfer/convert your certificated shareholding onto the CHESS sub-register:

Name of Dealer: ..................................................................................................................................
..........................................................................................................................................................
Address: ..................................................................................................................................................
..........................................................................................................................................................
Name of Client Adviser: ..................................................................................................................

Date of instruction to transfer / convert certificated holding (approximate if necessary)

.........../........../.............*   .........../........../.............*   .........../........../.............*

* Please complete if more than one Certificate cancellation is claimed on this claim form. If necessary, attach a separate sheet giving relevant details of all cancellations included in this claim form.

Further details of transaction:

(a) Name of company that issues the securities ..............................................................
(b) Type of security (eg ordinary shares, convertible notes) ..............................................................
(c) Number of securities ..............................................................................................................
(d) Share Certificate identification number (if a certificated holding) ..............................................................
(e) Shareholding Reference Number/Personal Identification Number (if issuer sponsored) ..............................................................
(f) CHESS Holder Identification Number (if dealer sponsored) ..............................................................
4 DETAILS OF THE PECUNIARY LOSS SUFFERED:

........................................................................................................................................................
........................................................................................................................................................
........................................................................................................................................................
........................................................................................................................................................

5 IS/ARE THERE ANY OUTSTANDING LIABILITY/IES / AMOUNTS OWING BY YOU / THE CLIENT TO THE DEALER?

☐ No.

☐ Yes. Please supply details (attach information if there is insufficient space)

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........................................................................................................................................................
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6 OTHER INFORMATION

Please supply any further information or attach any documents that may be relevant to your claim.

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7 TIME LIMIT

If your claim is outside the time limit, please supply any information and attach any documents you believe may be relevant to the SEGC Board in declaring whether to waive the time restriction.

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........................................................................................................................................................
........................................................................................................................................................
........................................................................................................................................................
STATUTORY DECLARATION
You/the client must sign this Statutory Declaration and it must be witnessed by a prescribed person (see attached list)

STATUTORY DECLARATION
Statutory Declarations Act 1959 (Cth)

I, ........................................................................................................................................

........................................................................................................................................
[Name, address and occupation of person making the declaration]
make the following declaration under the Statutory Declarations Act 1959:

I/We state:

(1) All the information given in this claim form and any attachments to it is true and correct in every respect.

(2) I/we/the client did not authorise the dealer to effect the transfer.

(3) Neither the dealer nor the company which issued the securities has transferred the securities to me/us/the client for the purposes of remedying the unauthorised transfer and no notice of any such proposal has been given.

(4) Full details of any attempt to resolve this claim directly with the dealer or of any complaint lodged with the Financial Ombudsman Service Limited in relation to the circumstances giving rise to any claim on the NGF are provided in this claim form.

(5) I have been provided with a copy, and read, SEGC’s Privacy Policy Statement.

(6) I acknowledge that SEGC may, before or after determining this claim, disclose to or obtain information and documentation from the dealer/s concerned, State or Federal police, ASIC, ASX or its subsidiaries, the share registry/ies concerned or any other person involved in the circumstances leading to this claim. This includes information and documentation provided in support of the claim (unless legal professional privilege has been expressly preserved in relation to that information or documents) and personal information within the meaning of the Privacy Act 1988 (Cth).
I UNDERSTAND THAT A PERSON WHO INTENTIONALLY MAKES A FALSE STATEMENT IN A STATUTORY DECLARATION IS GUILTY OF AN OFFENCE UNDER SECTION 11 OF THE STATUTORY DECLARATIONS ACT 1959, AND I BELIEVE THAT THE STATEMENTS IN THIS DECLARATION ARE TRUE IN EVERY PARTICULAR.

Signature/s of Claimant/s or Agent

Declared at

.....................................................
(place)

on .................................................. of .....................................................20......
(day) (month) (year)

Before me,

.....................................................
[Signature of person before whom the declaration is made]

.....................................................

Full name, qualification and address of person before whom the declaration is made (in printed letters)
Note 1  A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the Statutory Declarations Act 1959.

Note 2  Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959 — see section 5A of the Statutory Declarations Act 1959.

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**List of Prescribed Persons who may witness a statutory declaration**
(Statutory Declarations Regulations 1993, Schedule 2 (Regulation 4))

### Part 1  Occupations

<table>
<thead>
<tr>
<th>Item</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>101</td>
<td>Chiropractor</td>
</tr>
<tr>
<td>102</td>
<td>Dentist</td>
</tr>
<tr>
<td>103</td>
<td>Legal practitioner</td>
</tr>
<tr>
<td>104</td>
<td>Medical practitioner</td>
</tr>
<tr>
<td>105</td>
<td>Nurse</td>
</tr>
<tr>
<td>106</td>
<td>Optometrist</td>
</tr>
<tr>
<td>107</td>
<td>Patent attorney</td>
</tr>
<tr>
<td>108</td>
<td>Pharmacist</td>
</tr>
<tr>
<td>109</td>
<td>Physiotherapist</td>
</tr>
<tr>
<td>110</td>
<td>Psychologist</td>
</tr>
<tr>
<td>111</td>
<td>Trade marks attorney</td>
</tr>
<tr>
<td>112</td>
<td>Veterinary surgeon</td>
</tr>
</tbody>
</table>

### Part 2  Other persons

<table>
<thead>
<tr>
<th>Item</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>201</td>
<td>Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public</td>
</tr>
<tr>
<td>202</td>
<td>Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)</td>
</tr>
<tr>
<td>203</td>
<td>Bailiff</td>
</tr>
<tr>
<td>204</td>
<td>Bank officer with 5 or more continuous years of service</td>
</tr>
<tr>
<td>205</td>
<td>Building society officer with 5 or more years of continuous service</td>
</tr>
<tr>
<td>206</td>
<td>Chief executive officer of a Commonwealth court</td>
</tr>
<tr>
<td>207</td>
<td>Clerk of a court</td>
</tr>
<tr>
<td>208</td>
<td>Commissioner for Affidavits</td>
</tr>
<tr>
<td>209</td>
<td>Commissioner for Declarations</td>
</tr>
<tr>
<td>210</td>
<td>Credit union officer with 5 or more years of continuous service</td>
</tr>
<tr>
<td>211</td>
<td>Employee of the Australian Trade Commission who is:</td>
</tr>
<tr>
<td></td>
<td>(a) in a country or place outside Australia; and</td>
</tr>
<tr>
<td></td>
<td>(b) authorised under paragraph 3 (d) of the Consular Fees Act 1955; and</td>
</tr>
<tr>
<td></td>
<td>(c) exercising his or her function in that place</td>
</tr>
<tr>
<td>212</td>
<td>Employee of the Commonwealth who is:</td>
</tr>
<tr>
<td></td>
<td>(a) in a country or place outside Australia; and</td>
</tr>
<tr>
<td></td>
<td>(b) authorised under paragraph 3 (c) of the Consular Fees Act 1955; and</td>
</tr>
<tr>
<td></td>
<td>(c) exercising his or her function in that place</td>
</tr>
</tbody>
</table>
Fellow of the National Tax Accountants’ Association
Finance company officer with 5 or more years of continuous service
Holder of a statutory office not specified in another item in this Part
Judge of a court
Justice of the Peace
Magistrate
Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
Master of a court
Member of Chartered Secretaries Australia
Member of Engineers Australia, other than at the grade of student
Member of the Association of Taxation and Management Accountants
Member of the Australian Defence Force who is:
   (a) an officer; or
   (b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or
   (c) a warrant officer within the meaning of that Act
Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
Member of:
   (a) the Parliament of the Commonwealth; or
   (b) the Parliament of a State; or
   (c) a Territory legislature; or
   (d) a local government authority of a State or Territory
Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
Notary public
Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
Permanent employee of:
   (a) the Commonwealth or a Commonwealth authority; or
   (b) a State or Territory or a State or Territory authority; or
   (c) a local government authority;
with 5 or more years of continuous service who is not specified in another item in this Part
Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
Police officer
Registrar, or Deputy Registrar, of a court
Senior Executive Service employee of:
   (a) the Commonwealth or a Commonwealth authority; or
   (b) a State or Territory or a State or Territory authority
Sheriff
Sheriff’s officer
Teacher employed on a full-time basis at a school or tertiary education institution
Member of the Australasian Institute of Mining and Metallurgy

- End of document -