

**For Non-Market Transactions (Australian Shares only)**

Full Name of Company/Trust

Full Description of Securities: Class

If not fully paid, pay to

Quantity in figures

Quantity in words

Full name/s of Buyer/s (Transferee/s)

1. SURNAME: _____ TITLE: _____ GIVEN NAME: _____	2. SURNAME: _____ TITLE: _____ GIVEN NAME: _____
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Full postal address of Buyers/s (Transferee/s)

PID  SRN or HIN

CommSec A/C (Optional)

Buyer: Contact phone number  Mobile

Email address

Consideration

\$A

Date of purchase

D	D	M	M	Y	Y	Y	Y
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Full name of Seller/s (Transferor/s)

**ASB NOMINEES LIMITED**

Account  M L

PID  SRN or HIN

CommSec A/C (optional)

Full postal address of Seller/s (Transferor/s)

**PO BOX 35, SHORTLAND STREET, AUCKLAND 1140, NZ**

Seller: Work phone number  Mobile

Email address

I/We the registered holder/s and undersigned seller/s for the above consideration do hereby transfer to the above name/s hereinafter called the Buyer/s the securities as specified above standing in my/our name/s in the books of the abovenamed Company/Trust or Corporation, subject to the several conditions on which I/we held the same at the time of signing hereof and I/we the Buyer/s do hereby agree to accept the said securities subject to the same conditions. I/We have not received any notice of revocation of the Power of Attorney by death of the grantor or otherwise, under which this transfer is signed (if applicable).

Buyer/s signature/s (Transferee/s)

FOR COMPANY USE

Date

D	D	M	M	Y	Y	Y	Y
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Seller/s signature/s (Transferor/s)

Date

D	D	M	M	Y	Y	Y	Y
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