



PEET LIMITED

Perth | Melbourne | Brisbane

All correspondence to:  
Securities Administrator  
PO Box 7224 CLOISTERS SQUARE WA 6850  
Enquiries: 08 9420 1133 | Facsimile (08) 9481 4712  
Email: tashreent@peet.com.au

www.peet.com.au

REGISTERED OFFICE  
Level 7, 200 St Georges Terrace PERTH WA 6000

Company or Trust in which Securityholding is held

Registered Name(s)	
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**PLEASE NOTIFY COMPUTERSHARE FOR CHANGES RELATING TO  
PEET SHARES, BURNS BEACH PROPERTY TRUST UNITS AND  
YATALA UNIT TRUST UNITS**

Use a black pen.  
Print in CAPITAL letters.

A B C

1 2 3

## Change of Name Notification

A	<p><b>Change of Name Notification</b></p> <p><b>Former Name(s)</b> as shown on the register</p> <p>Title (please tick appropriate box <input checked="" type="checkbox"/>)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">           Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> (please specify)         </td> <td style="width: 100px; border-bottom: 1px solid black;"></td> </tr> </table> <p>Full Name One (please print SURNAME in block letters)</p> <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <p>Full Name Two (please print SURNAME in block letters)</p> <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <p><b>New Name(s)</b> to be shown on the register</p> <p>Title (please tick appropriate box <input checked="" type="checkbox"/>)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">           Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> (please specify)         </td> <td style="width: 100px; border-bottom: 1px solid black;"></td> </tr> </table> <p>Full Name One (please print SURNAME in block letters)</p> <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <p>Full Name Two (please print SURNAME in block letters)</p> <div style="border: 1px solid black; height: 30px;"></div>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> (please specify)		Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> (please specify)	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> (please specify)					
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## Change of Address Notification

<b>B</b>	<b>Change of Address Notification</b>		
	Former Address Details as shown on the register OR Post Office Box or other mail details (if applicable)		
	Unit	Street Number	Street Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City / Suburb / Town		State
	<input type="text"/>	<input type="text"/>	<input type="text"/>
New Address Details as shown on the register OR Post Office Box or other mail details (if applicable)			
Unit	Street Number	Street Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City / Suburb / Town		State	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact Name	Telephone Number – Business Hours/After Hours		
<input type="text"/>	<input type="text"/>		

## Signatures

<b>C</b>	<b>Sign Here – This section <u>must</u> be signed for your instructions to be executed.</b>		
	I/We authorise you to act in accordance with my/our instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions in respect to my/our securities.		
	Individual or Securityholder 1	Individual or Securityholder 2	Individual or Securityholder 3
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Director	Director/Company Secretary	Sole Director and Sole Company Secretary
<p>Note: When signed under Power of Attorney, the attorney states that they have not received a notice of revocation. Peet Limited needs to sight a certified copy of the Power of Attorney.</p>			
		Day      Month      Year	
		<input type="text"/>	



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## How to complete this form

### A Change of Name Notification

**This Section must be completed in full.**

Enter former name(s) as it appears on share certificates or payment advices received by you.

Enter the new name(s) that you wish to have recorded. Please send a certified copy of any documentation that would support this change, i.e. marriage certificate etc.

### B Change of Address Notification

**This Section must be completed in full.**

Enter your former address as it appears on share certificates or payment advices received by you.

Enter your new address details that you wish to have recorded. Please note that only one address can be recorded. This should be the address for delivery of all future correspondence.

### C Signature(s)

You must sign this form as follows in the spaces provided:

Joint Holding:	Where the holding is in more than one name, all of the security holders must sign.
Power of Attorney:	To sign under Power of Attorney, you must have already lodged this document with the registry. In you have not previously lodged this document for notation, please attach an originally certified copy of the Power of Attorney to this form when you return it.
Companies:	This form must be signed by either 2 Directors or a Director and a Company Secretary. Alternatively, where the company has a Sole director and, pursuant to the Corporations Act, there is no Company Secretary, or where the Sole Director is also the Sole Company Secretary, that Director may sign alone. Delete titles as necessary.