



Macquarie Investment Lending



CHANGE OF ADDRESS & CONTACT DETAILS

To change your address and contact details, please complete this form.

Please use black ink and BLOCK letters.

Facility Name

Facility Number(s)
(Please complete all facility numbers if you hold more than one facility)

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your name

Mr	Mrs	Miss	Ms	Dr	Other	First Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Surname

Your address details

New residential address **(please note that this address cannot be a PO Box)**

Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country (if not Australia)

Are you a resident of Australia for income tax purposes? Yes No

New mailing or registered address **(All correspondence will be sent to this address)**

Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country

Change address details for Third Party to this facility? (Please tick box)

Do you want your CHESS address updated as well?

Contact phone numbers

Business Hours

After Hours

Mobile

Fax

Email address

Please sign this form below to provide consent for your details to be changed. Please note that the Australian Stock Exchange (ASX) requires a signature before changes can be made to the details of any shareholders.

Please note all Borrowers to the facility must sign for address and contact details to be changed.

Authorised Signature(s)

Borrower 1 / Company Director / Sole Director

Borrower 2 / Company Director / Secretary

Please print name(s)

Date

Date

If you are using this form to change the address and/or contact details for a Third Party, that Third Party must also sign below.

Third Party Signature(s)

Borrower 1 / Company Director / Sole Director

Borrower 2 / Company Director / Secretary

Please print name(s)

Date

Date

Please complete and return to:

Macquarie Investment Lending

GPO Box 4294

SYDNEY NSW 1164

Freefax:

1800 673 484

International fax:

61 2 8232 9174

If you require any assistance please contact the Account Management Team on 1800 025 735 or email investmentlending@macquarie.com