# Notice of inaccuracy in a return

Form RL31 Corporations Act 2001 Schedule 2, Insolvency Practice Schedule (Corporations) 35-5(1)(a)

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

#### Lodgement details

| Firm/organisation                  |           |  |  |
|------------------------------------|-----------|--|--|
| Contact name/position description  |           |  |  |
| ASIC registered agent number (if a | plicable) |  |  |
| Telephone number                   |           |  |  |
| Postal address or DX address       |           |  |  |
|                                    |           |  |  |

### 1 Liquidator details

|                                         | Liquidator registration number |                           |                 |
|-----------------------------------------|--------------------------------|---------------------------|-----------------|
|                                         | Family name                    | Given name                |                 |
|                                         | Firm name (if applicable)      |                           |                 |
| Residential address and contact details | Unit, level                    |                           |                 |
|                                         | Street number and street name  |                           |                 |
|                                         | Suburb/City                    |                           | State/Territory |
|                                         | Postcode Co                    | ountry (if not Australia) |                 |
|                                         | Telephone number               |                           |                 |
|                                         | Email address                  |                           |                 |
|                                         | L                              |                           |                 |

## 2 Details of return and inaccuracy

Tick one box and complete all details

| Annual administration return         Name of company subject to administration         ACN of company subject to administration         Date of return         Date of event         Date of event         Date of event         Date of inaccuracy         ACN of company subject to administration         Company subject to administration         Date of event         Date of event         Date of administration return         Name of company subject to administration         ACN of company subject to administration         Date of return         Date of event         Date of company subject to administration         Date of company subject to administration         Date of return         Date of original document         DD I_ [M M] (Y Y]         Date of event         D I_ [M M] (Y Y]         Date of event         D I_ [M M] (Y Y]         Date of event         D I_ [M M] (Y Y]         Description of inaccuracy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Annual liquidator return Date original return lodged D D D D D M M Y Y Date of event D D D M M Y Y D D D D M M Y Y D D D D D | Document ID of original document |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Name of company subject to administration         ACN of company subject to administration         Date of return       Document ID of original document         D       D         Date of event       Date you became aware of event         D       D         D       D         M       M         Y       Y         Date of event       Date you became aware of event         D       D         D       M         M       M         Y       Y         Description of inaccuracy       Image: Company subject to administration         ACN of company subject to administration       ACN of company subject to administration         Date of return       Document ID of original document         Date of return       Document ID of original document         Date of return       Document ID of original document         Date of event       Date you became aware of event         D       D       M       M         D       M       M       Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                  |
| Name of company subject to administration         ACN of company subject to administration         Date of return       Document ID of original document         D       D         Date of event       Date you became aware of event         D       D         D       D         M       M         Y       Y         Date of event       Date you became aware of event         D       D         M       M         Y       Y         Description of inaccuracy       Date of administration return         Name of company subject to administration       ACN of company subject to administration         Date of return       Document ID of original document         D       D       M         M       M       Y         Date of event       Date you became aware of event         D       D       M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                              |                                  |
| $ \begin{bmatrix} \begin{array}{c} \\ \\ \\ \\ \end{array} \\ \\ \end{array} \\ \hline \\ \end{array} \\ \hline \\ \end{array} \\ \hline \\ \\ \hline \\ \end{array} \\ \hline \\ \\ \hline \\ \end{array} \\ \hline \\ \\ \hline \\ \\ \hline \\ \end{array} \\ \hline \\ \\ \hline \\ \\ \hline \\ \\ \hline \\ \\ \end{array} \\ \hline \\ \\ \end{array} \\ \hline \\ \hline \\ \\ \hline \\ \\ \hline \\ \\ \hline \hline \\ \hline \\ \hline \\ \hline \hline \\ \hline \\ \hline \\ \hline \\ \hline \\ \hline \hline \\ \hline \\ \hline \\ \hline \\ \hline \hline \\ \hline \\ \hline \hline \\ \hline \\ \hline \\ \hline \hline \\ \hline \hline \\ \hline \hline \\ \hline \\ \hline \hline \\ \hline \\ \hline \\ \hline \hline \\ \hline \hline \\ \hline \hline \\ \hline \\ \hline \hline \hline \\ \hline \hline \\ \hline \hline \\ \hline \hline \hline \\ \hline \hline \\ \hline \hline \hline \\ \hline \hline \hline \\ \hline \hline \hline \\ \hline \hline \hline \hline \\ \hline \hline \hline \\ \hline \hline \hline \hline \\ \hline \hline \hline \hline \hline \\ \hline \hline \hline \hline \hline \hline \\ \hline \hline$ | Name of company subject to administration                                                                                    |                                  |
| $ \begin{bmatrix} D & D \\ D & D \\ D & M \\ D & M \\ D \\ D \\ D \\ D \\ D \\ M \\ M \\ M \\ M \\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date of return                                                                                                               | Document ID of original document |
| Date of event       Date you became aware of event         D       D         D       D         D       D         Description of inaccuracy       D         ACN of company subject to administration       D         Date of return       D         Document ID of original document       D         D       D       D         Date of event       D       D         D       D       D       D         D       D       D       D       D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                              |                                  |
| End of administration retum   Name of company subject to administration   ACN of company subject to administration   Date of return   Date of return   Document ID of original document   Date of event                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date of event                                                                                                                |                                  |
| Name of company subject to administration         ACN of company subject to administration         Date of return       Document ID of original document         Date of return       Document ID of original document         Date of event       Date you became aware of event         Date of event       Date you became aware of event         Date of event       Date you became aware of event                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Description of inaccuracy                                                                                                    |                                  |
| Name of company subject to administration         ACN of company subject to administration         Date of return       Document ID of original document         Date of return       Document ID of original document         Date of event       Date you became aware of event         Date of event       Date you became aware of event         Date of event       Date you became aware of event                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                              |                                  |
| Name of company subject to administration         ACN of company subject to administration         Date of return       Document ID of original document         Date of return       Document ID of original document         Date of event       Date you became aware of event         Date of event       Date you became aware of event         Date of event       Date you became aware of event                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                              |                                  |
| $ \begin{array}{ c c c c c c c } \hline Date of return & Document ID of original document \\ \hline D & D & M & M & P & P \\ \hline D & D & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & M & P & P \\ \hline D & D & M & P & P \\ \hline D & D & M & P & P \\ \hline D & D & D & M & P \\ \hline D & D & M & P & P \\ \hline D & D & D & M & P \\ \hline D & D & D & M & P \\ \hline D & D & D & P & P \\ \hline D & D & D & P & P \\ \hline D & D & D & P & P \\ \hline D & D & D & P & P \\ \hline D & D & D & P & P \\ \hline D & D & D & P & P \\ \hline D & D & D & P & P \\ \hline D & D & D & P & P \\ \hline D & D & D & P & P \\ \hline D & D & D & P \\ \hline D & D & D & P \\ $                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                  |
| $ \begin{bmatrix} D & D \end{bmatrix} / \begin{bmatrix} M & M \end{bmatrix} / \begin{bmatrix} Y & Y \end{bmatrix} $ Date of event $ \begin{bmatrix} D & D \end{bmatrix} / \begin{bmatrix} M & M \end{bmatrix} / \begin{bmatrix} Y & Y \end{bmatrix} $ Date you became aware of event $ \begin{bmatrix} D & D \end{bmatrix} / \begin{bmatrix} M & M \end{bmatrix} / \begin{bmatrix} Y & Y \end{bmatrix} $ $ \begin{bmatrix} D & D \end{bmatrix} / \begin{bmatrix} M & M \end{bmatrix} / \begin{bmatrix} Y & Y \end{bmatrix} $                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ACN of company subject to administration                                                                                     |                                  |
| [D  D] / [M  M] / [Y  Y] $ [D  D] / [M  M] / [Y  Y]$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                              | Document ID of original document |
| Description of inaccuracy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | [D D] / [M M] / [Y Y]                                                                                                        |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Description of inaccuracy                                                                                                    |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                              |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                              |                                  |

Lodgement

Signature This form must be signed by the registered liquidator.

| Name                                                                                             |                                                            |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Signature                                                                                        |                                                            |
|                                                                                                  |                                                            |
| Date signed                                                                                      |                                                            |
| Send completed and signed forms to:                                                              | For more information                                       |
| Australian Securities and Investments Commission,<br>PO Box 4000, Gippsland Mail Centre VIC 3841 | Web www.asic.gov.au<br>Need help? www.asic.gov.au/question |

Telephone 1300 300 630

# Guide: Notice of inaccuracy in a return

Corporations Act 2001 Schedule 2, Insolvency Practice Schedule (Corporations) 35-5(1)(a)

Form RL31

This guide does not form part of the form. It is included by ASIC to assist you in completing and lodging the Form RL31.

| Signature                                | This form must be signed by the registered liquidator                                                                                                                                                                                                                                                                                                                                   |                                                                                               |  |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--|
| Lodgement fees                           | Nil if lodged within the prescribed lodging period.                                                                                                                                                                                                                                                                                                                                     |                                                                                               |  |
|                                          | Late fees will apply if you notify of an inaccuracy in a return                                                                                                                                                                                                                                                                                                                         | n outside of the lodgement period.                                                            |  |
|                                          | For information on fees refer to www.asic.gov.au/forms.                                                                                                                                                                                                                                                                                                                                 |                                                                                               |  |
| Lodgement period                         | Within ten business days after you could reasonably be expected to be aware that the event has occurred                                                                                                                                                                                                                                                                                 |                                                                                               |  |
| Further requirements                     | <ul> <li>This form is only to notify ASIC of the inaccuracy. In order to rectify the inaccuracy, you will need to lodge:</li> <li>for an Annual Liquidator Return, a Form 106 to withdraw the incorrect document and lodge a new return</li> <li>for an Annual Administration Return or an End of Administration Return, a Form 492 to request a change to a lodged document</li> </ul> |                                                                                               |  |
| How to provide additional<br>information | Additional form pages<br>If there is insufficient space in any section to provide all int<br>Attachments                                                                                                                                                                                                                                                                                | formation, you may attach an additional page of the form.                                     |  |
|                                          | You may submit attachments as part of this lodgement.<br>You may use this label on attachments to this form:                                                                                                                                                                                                                                                                            |                                                                                               |  |
|                                          | Liquidator name:                                                                                                                                                                                                                                                                                                                                                                        |                                                                                               |  |
|                                          | Attachment: [insert identifying mark eg. A, B, C or 1, 2, 3]                                                                                                                                                                                                                                                                                                                            | ]                                                                                             |  |
|                                          | This is attachment [insert mark] of [insert number] pages referred to in form [insert form number<br>and title]                                                                                                                                                                                                                                                                         |                                                                                               |  |
|                                          | Date prepared:                                                                                                                                                                                                                                                                                                                                                                          |                                                                                               |  |
|                                          | Signed                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                               |  |
|                                          | <ul> <li>Ensure the following:</li> <li>The attachment should be signed by the same perso</li> <li>Use white A4 size paper</li> <li>Use dark blue or black ink</li> <li>Number the pages of the attachment.</li> </ul>                                                                                                                                                                  | on(s) who signed the form                                                                     |  |
| Privacy                                  | The information provided to ASIC in this form may include personal information. Please refer to our privacy policy (www.asic.gov.au/privacy) for information about how we handle your personal information, your rights to seek access to and correct personal information, and to complain about breaches of your privacy.                                                             |                                                                                               |  |
| Lodgement                                | Send completed and signed forms to:<br>Australian Securities and Investments Commission,<br>PO Box 4000, Gippsland Mail Centre VIC 3841.                                                                                                                                                                                                                                                | For more informationWebwww.asic.gov.auNeed help?www.asic.gov.au/questionTelephone1300 300 630 |  |