



All correspondence to

# BoardRoom

Smart Business Solutions

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**Securityholder Reference Number  
(SRN) or Holder Identification  
Number (HIN)**

**NAME AND ADDRESS OF SECURITY HOLDER**

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## Dividend Reinvestment Plan (DRP) - Application

This form is to be completed where the securityholder wishes to have their payments reinvested under the rules of the Dividend Reinvestment Plan. DRP rules available on request.

**Option 1 Full Participation in the DRP**

All securities held will participate in DRP. No cash distribution will be issued.

**Option 2 Partial Participation in the DRP**

Please write in the box the number of securities you would like to participate in the DRP. The distribution on the balance of your securities (if any) will be issued in cash.

### Sign Here - This section must be signed for your instructions to be executed

I/We authorise you to act in accordance with my/our instructions set out above and agree to be bound by the rules of the DRP. I/We acknowledge that these instructions supersede and Direct Credit instructions relating to distribution payments to which I/we am/are entitled to be paid.

Individual or Securityholder 1

Sole Director and  
Sole Company Secretary

Securityholder 2

Director

Securityholder 3

Director/Company Secretary

Day                      Month                      Year

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SECURITIES