

Change of advisor information



MARQ Private Registry Pty Ltd ABN 89 575 134 353

1 | Your investment details

Name of fund

Investor number

Name of Investor/s

ATF (if applicable)

Your address (as registered with us)

City/Suburb/Town

State

Post code

Title

Contact Person Surname

First Name

Telephone (Daytime)

Telephone (After hours)

Mobile phone

Facsimile

Email

2 | Change of advisor information

2a CURRENT ADVISOR DETAILS

Name of Advisor

Name of Dealership

Unit

Street no

Street name OR post office OR other mail

City/Suburb/Town

State

Post code

FORM CONTINUES ON NEXT PAGE →

OFFICE USE ONLY

OK Initials _____ REG Date ____/____/____ X Date ____/____/____ CONF Date ____/____/____

Notes _____

2b NEW ADVISOR DETAILS

Name of Advisor											
[Grid for Name of Advisor]											
Name of Dealership											
[Grid for Name of Dealership]											
[Grid for Name of Dealership]											
Unit			Street no			Street name OR post office OR other mail					
[Grid]			[Grid]			[Grid]					
City/Suburb/Town								State		Post code	
[Grid]								[Grid]		[Grid]	
Telephone (Daytime)						Telephone (After hours)					
[Grid]						[Grid]					
Mobile phone						Facsimile					
[Grid]						[Grid]					
Email											
[Grid] @ [Grid]											

2c DATE OF CHANGE OF ADVISOR

Date (day/month/year) [Grid] / [Grid] / [Grid]

3 | 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. I/We acknowledge that these instructions supercede and have priority over all previous instructions in respect to my/our holdings.

Individual

Director/Company Secretary

Date (day/month/year) [Grid] / [Grid] / [Grid]

Individual

Sole Director/Sole Company Secretary

Date (day/month/year) [Grid] / [Grid] / [Grid]

3 | Postal correspondence

ALL REGISTRY COMMUNICATIONS TO:

MARQ Private Registry Pty Ltd
PO Box 16148
COLLINS STREET WEST. VIC. 8007
Phone: +61 3 9005 9282,
Fax: +61 3 9005 9283
Email: registry@marq.com.au

1 | Your investment details

Please insert the name of the fund in which you hold your investment. Please insert the name/s of the investor/s in which you hold this investment and ATF details (if applicable).

2 | Change of advisor information

2a CURRENT Advisor Details

In order to finalise the details of your new advisor, we require all the details of your current advisor for security purposes. Please enter the details in the spaces provided.

2b NEW Advisor Details

Please enter the details of your new advisor and the dealership they represent in the spaces provided.

2c Date of Change of Advisor

Please enter the date on which you changed advisors.

3 | SIGN HERE this section **must** be signed for your instructions to be executed

You must sign this form as follows in the spaces provided and in accordance with the original application form:

Joint Holding

Where the investment is in more than one individual's name, all parties must sign for the request to be executed.

Power of Attorney

To sign as Power of Attorney, you must have already lodged certified documents with MARQ. Alternatively, attach a certified photocopy of the Power of Attorney to this form when you return it.

Companies

A Director can sign jointly with another Director or a Company Secretary. A sole Director who is also its sole Company Secretary can sign, pursuant to s127 of the Corporations Act. Please indicate the office held by signing in the appropriate space.

The company seal should be affixed if the constitution requires.

4 | Postal correspondence

Return to:

MARQ Private Funds Pty Ltd
PO Box 16148
COLLINS STREET WEST. VIC. 8007

ONLY THE ORIGINAL OF THIS FORM WILL BE ACCEPTED & PROCESSED

A confirmation of your change of address will be returned to you within 7 days of receipt of your request.

If you are experiencing any problems completing this form or have any queries regarding the completion of this form, please feel free to contact any of our Client Service Team on: + 61 3 9005 9282.

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