PhillipCapital

Partly paid securities client acknowledgement

Phillip Securities (Aus) Limited ABN 95 092 989 083 AFSL 247100

	PLEASE CO	MPLETE AND RETURN TO	D PhillipCapital via EMAIL: settlements@phillip	capital.com.a	u
Clien	t Account Name:				
Client Account Number:					
Client Address:					
He	reby declare that:				
1.			rity is a certain type of ASX quoted financi ent or payments at some time in the future.		hich 'hich
2.	In particular, I/We am/are aware that for the purposes of the ASX Market Rules (which govern my/our dealings with and through Phillip Capital Limited) and this document, a 'Partly Paid Security' is defined as meaning a Quoted Product for which the holder may be liable to pay a call or instalment in accordance with the terms of issue and for which an amount remains unpaid, but does not include a Quoted Product issued by a no liability company.				
3.	I/We am/are aware that it is my/our responsibility to OBTAIN AND READ a copy of the prospectus, product disclosure statement or information memorandum issued by an Issuer which sets out the particular features of, and rights and obligations attaching to, a Partly Paid Security BEFORE I/we place an order to BUY a Partly Paid Security.				
4.	I/We am/are aware that I/we MAY BE LIABLE FOR FURTHER PAYMENTS on a Partly Paid Security and that a failure to make a further payment by the specified date(s) may result in an Issuer of a Partly Paid Security or their associates or agents taking action, including legal action, against me/us to recover the outstanding payments and/or may result in the forfeiture of my entitlement to the Partly Paid Security.				
5.	Partly Paid Secur	/are aware that in certain circumstances I/we may be liable to make a further payment on a aid Security despite the fact that I/we may have disposed of a Partly Paid Security prior to the a further payment falls due.			
6.	I/We am/are aware that I/we should MONITOR ANNOUNCEMENTS made by the Issuer of a Partly Paid Security and that it is my/our responsibility to inform myself/ourselves of the date(s) or circumstances that a further payment falls due and the last day that I/we can dispose of the Partly Paid Security before I/we am/are liable for a further payment.				
7.	of a Partly Paid S	re aware that the amount of a further payment may be unrelated to the financial performance Paid Security and that the amount of the further payment may exceed the intrinsic value of a d Security at the time a further payment falls due.			
8.	I/We acknowledge that an obligation on me/us in relation to a Partly Paid Security, including an obligation to make a further payment, does not give rise to a claim against ASX or the Securities Exchange Guarantee Corporation Limited.				
_	GNATURE OF AL OLDERS	L ACCOUNT			
Individual/Director Full Name		Name	Signature	Date	
				1	1
Inc	dividual/Director/Secr	etary Full Name	Signature	Date	
					1