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SHARE CONSOLIDATION/SUBDIVISION (FORM 2205)

COMPANY NAME ____

ACN

DATE OF RESOLUTION	
FULL NAME OF MEMBER	
Class of Shares	
No. of Shares before subdivision/consolidation	
No. of Shares after subdivision/consolidation	
Nominal Value	
Are the shares fully paid? YES \(\Boxed{\text{NO}} \) \(\Boxed{\text{NO}} \) \(\Boxed{\text{If no \$}} \) \(\boxed{\text{Monormal of the shares fully paid?}} \)	outstanding
TOAL SHARE CAPITAL	

TO:	
INDIVIDUAL NAME (Full)	
COMPANY NAME	
ACN	
ADDRESS .	
Class of Shares	No. of Shares Nominal Value
Are the shares fully	paid? YES □ NO □ If no \$ outstanding
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