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SHARE TRANSFER (FORM 484)				
COMPANY NAME	<u></u>			
ACN				
DATE OF TRANSFER———				
FROM:				
FULL NAME OF TRANSFEROR				
ADDRESS OF TRANSFEROR —				
TO:				
INDIVIDUAL NAME (Full)				
ACN (if applicable)				
ADDRESS				
Class of Shares No. of Shares I	Nominal Value			
Are the shares fully paid? YES $\square$ NO $\square$ If no \$	outstanding			
Held Beneficially? YES $\square$ NO $\square$ if no, held on beha	NO $\square$ if no, held on behalf of			
DATE OF TRANSFER				

FROM:	
FULL NAME OF TRANSFEROR	
ADDRESS OF TRANSFEROR —	
то:	
INDIVIDUAL NAME(Full)	
COMPANY NAME	
ACN	
ADDRESS	
Class of Shares No. of Shares Nom	inal Value ————
Are the shares fully paid? YES □ NO □ If no \$	outstanding
Held Beneficially? YES $\square$ NO $\square$ if no, held on behalf of	
PLEASE SUPPLY COPIES OF THE FOLLOWING:  1. THE CONSTITUTION OF THE COMPANY; OR 2. THOSE CLAUSES IN THE CONSTITUTION DEALING WITH THE  YOUR DETAILS	TRANSFER OF SHARES
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