**REGISTRATION FORM**

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| --- | --- | --- | --- |
| **Registration and Contact Details** | | | |
| **Name of claimant** (i.e. name of shareholder) |  | | |
| **Registration type** (please tick one) | **Individual**  **Trust**  **Partnership**  **Company/Corporation**  **Institutional Investor** | | |
| **Contact name**  *This is the contact person who will receive updates in relation to the claim* | **(Salutation)** | | |
| **(First name)** | | |
| **(Last name)** | | |
| **Contact address** | **(Address)** | | |
| **(Suburb)** | | |
| **(State)** | **(Postcode)** | |
| **(Country)** | | |
| **Contact email** |  | | |
| **Contact telephone number**(s) | **(Home)** | | **(Mobile)** |
| **Authority of contact person** (please complete this section if the ‘Name of claimant’ and ‘Contact name’ above are not the same, by specifying your authority to represent the claimant (e.g. ‘Director of claimant’ or ‘Lawyer for claimant’)) |  | | |