



**Please return this form to:**  
Link Market Services Limited  
Locked Bag A14  
Sydney South NSW 1235 Australia  
Telephone: 1800 113 373  
Facsimile: (02) 9287 0303  
Email: [registrars@linkmarketservices.com.au](mailto:registrars@linkmarketservices.com.au)  
Website: [www.linkmarketservices.com.au](http://www.linkmarketservices.com.au)

**Full Name(s) of Registered Holding**


**Registered Address**

<b>Postcode</b>	

**Shareholder Reference Number (SRN)**

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**AUSTRALIAN WOOL INNOVATION LIMITED HOLDING SPLIT REQUEST**

This form is to be used where a woolgrowing partnership has split and the current voting entitlements for Australian Wool Innovation need to be reallocated evenly between the new entities.

If you have any questions, please call 1800 113 373 for clarification.

**PLEASE COMPLETE THIS FORM IN BLACK INK USING CAPITAL LETTERS. PHOTOCOPIES WILL NOT BE ACCEPTED.**

Please complete details of the split holdings over the page – note, you must supply an ABN for each entity. Upon receipt of this form, Link Market Services will automatically reallocate the voting entitlements between the new entities.

**Privacy Clause:** Link Market Services Limited advises that Chapter 2C of the *Corporations Act 2001* requires information about you as a securityholder (including your name, address and details of the securities you hold) to be included in the public register of the entity in which you hold securities. Information is collected to administer your securityholding and if some or all of the information is not collected then it might not be possible to administer your securityholding. Your personal information may be disclosed to the entity in which you hold securities. You can obtain access to your personal information by contacting us at the address or telephone number shown on this form. Our privacy policy is available on our website ([www.linkmarketservices.com.au](http://www.linkmarketservices.com.au)).

**Entity Number 1**

Title	Given Name(s) or Company Name	Last Name

Account Designation (if desired, eg <John Smith A/C>)

PO Box/RMB/Locked Bag/Care of (c/-)/Property name/Building name (if applicable)

Unit Number/Level	Street Number	Street Name

Suburb/Town	State	Post Code

ABN

**SIGNATURE OF SHAREHOLDERS – THIS MUST BE COMPLETED**

	Date
	/ /

Please see below signing instructions

**Entity Number 2**

Title	Given Name(s) or Company Name	Last Name

Account Designation (if desired, eg <John Smith A/C>)

PO Box/RMB/Locked Bag/Care of (c/-)/Property name/Building name (if applicable)

Unit Number/Level	Street Number	Street Name

Suburb/Town	State	Post Code

ABN

**SIGNATURE OF SHAREHOLDERS – THIS MUST BE COMPLETED**

	Date
	/ /

- As a shareholder or representative of a shareholder of AWI by signing and inserting the date you are declaring that either:
1. you are authorised to sign on behalf of the company above named and you have signed in accordance with that Company's Constitution and the *Corporations Act 2001*, (**NOTE:** one signature by a director of a company will be acceptable); or
  2. you are authorised to sign on behalf of the partnership above named and you have signed in compliance with the documents governing the partnership and your signature binds all partners; or
  3. you are signing under a valid power of attorney from a shareholder, which is valid and has not been revoked; or
  4. you are authorised to sign on behalf of the joint shareholders above named and your signature binds all joint shareholders. (**NOTE:** any one signature of joint shareholders will be accepted).