

Employee Online Cashless Exercise Form

Please fill in "4" if you request cashless exercise:

Date (DD/MM/YY):

Section A: Personal Details Please fill in ALL fields in **English** block letters

Participant ID	Title	First Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address (Street Address or Post Office Box):	City/Suburb/Town
<input type="text"/>	<input type="text"/>

State	Zip Code/Post Code	Country of Residence
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email	Mobile No.
<input type="text"/>	<input type="text"/>

Section B: Exercise Details To correctly identify which award you are exercising, please fill in all of the following:

Plan Name	Grant Date DD / MM / YY	Grant Price \$	Exercise Quantity
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: The exercise of Share Options and purchase of the Company's Shares involve risks. You are advised to consider your own financial circumstances before exercising your Share Options. If you are in any doubt, please consult your own financial, legal and tax advisors to obtain professional advice. The Company is not responsible for rendering such professional advice to you and is not liable for any personal financial loss suffered should you fail to realize the money invested in the Shares or any personal income tax payable by you in connection therewith.

Section C: Proceeds Remittance Please select where you want the sale proceeds to be delivered

Proceeds to be remitted in currency:

Bank Name	Account Name	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

SWIFT Code	Branch address (If known)
<input type="text"/>	<input type="text"/>