



Employee Online Cashless Exercise Form

Date (DD/MM/YY):

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

Title: First Name: Surname:

Mailing Address (Street Address or Post Office Box):

City/Suburb/Town State Zip Code/Post Code Email

Country of Residence

Participant ID

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

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

Please note if your company has requested your proceeds to be delivered through company payroll, the bank account information provided below will not be used. Please check with your local HR office for clarifications.

Proceeds to be remitted in currency:

Bank Name Account Name Account Number

SWIFT Code Branch address (If known)