



Shareholder Reference No.
 Holder Identification No.

Note: Shareholders with more than one holder number must complete a separate application for each number. Refer to your most recent holdings statement(s) for these details.

Name(s) of Registered Holder:

Address of Registered Holder:

Dividend Reinvestment Plan (DRP) - Application

This form is to be completed where the securityholder wishes to have their payments reinvested under the rules of the Dividend Reinvestment Plan.
 DRP rules are available on the website: www.laserbond.com.au.

Option 1	Full Participation in the DRP
<input type="checkbox"/>	Please cross this box to indicate full participation in the DRP. No cash distribution will be issued.
Option 2	Partial Participation in the DRP
<input type="text"/>	Please write in the box the number of securities or the percentage of your total securities held you would like to participate in the DRP. The distribution on the balance of your securities (if any) will be issued in cash.

Sign Here – This section must be signed for your instructions to be executed

I/We authorise you to act in accordance with my/our instructions set out above and agree to be bound by the rules of the DRP. I/We acknowledge that these instructions supersede any Direct Credit instructions relating to distribution payments to which I/we am/are entitled to be paid.

Individual or Securityholder 1

**Sole Director and
 Sole Company Secretary**

Securityholder 2

Director

Securityholder 3

Director/Company Secretary

Day Month Year