



Company or Trust in which investment is held – THIS MUST BE COMPLETED

TABCORP HOLDINGS LIMITED

Full Name(s) of Registered Holding

[Empty box for Full Name(s) of Registered Holding]

Account Designation

[Empty box for Account Designation]

Registered Address

[Empty box for Registered Address with Postcode field]

Securityholder Reference Number (SRN) Or Holder Identification Number (HIN)

[Empty box for Securityholder Reference Number (SRN) Or Holder Identification Number (HIN)]

A MINOR(S) STATEMENT AND INDEMNITY

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

Description of Securities (Shares, Options, etc) [] Number of Securities held []

I/We do solemnly and sincerely declare I am/we are the parent(s)/guardian(s) for the registered holder of the securities detailed above. The abovenamed securityholder is not yet of the legal age of consent as per certified copy of birth certificate provided herewith and cannot legally deal with matters pertaining to the holding. I/we hereby request that the securities be registered in my/our name(s) as detailed below.

Full name(s) of Parent(s)/Guardian(s)

[Empty box for Full name(s) of Parent(s)/Guardian(s)]

Address to be recorded on the Register PO Box/RMB/Locked Bag/Care of (c/-)/Property name/Building name (if applicable)

[Empty box for Address to be recorded on the Register]

Unit Number/Level [] Street Number [] Street Name []

Suburb/Town [] State [] Post Code []

In consideration of the security issuer registering the securities in my/our name(s) I/we hereby covenant to indemnify and forever keep indemnified the security issuer, the directors and the trustees of the security issuer, the security registrar and the directors and officers of the security registrar from and against all losses in respect thereof and all claims, actions, proceedings, demands, costs and expenses whatsoever which may be made or brought against them by reason of compliance with this request.

Contact Name [] Telephone Number (Business Hours) () [] Telephone Number (After Hours) () []

B SIGNATURE(S) OF PARENT(S)/GUARDIAN(S) – THIS MUST BE COMPLETED

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

I/we authorise you to act in accordance with my/our instructions set out above.

Parent/Guardian 1 [] Parent/Guardian 2 [] Parent/Guardian 3 []

Witness [] Witness [] Witness []

The witness(es) certifies that the person(s) who has/have signed this statement is/are known to them and has/have signed in the presence of the witness with their normal signature(s).

NOTE: Australian The Corporations Act 2001 imposes severe penalties for making a false statement (\$10,000 or 2 years imprisonment or both) or failing to ensure a statement is not false or misleading (\$5,000 or 1 year imprisonment or both).

Overseas Please complete this statutory declaration in accordance with the laws of the country in which it is declared and ensure it is legally witnessed.

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).