

**UNITED OVERSEAS AUSTRALIA LTD**  
**(ACN 009 245 890)**  
**DIVIDEND REINVESTMENT PLAN**

NOTICE OF VARIATION OR TERMINATION

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To the Share Registrar  
 United Overseas Australia Limited  
 PO Box 1156 Nedlands Western Australia 6909

Name of Registered Holder: \_\_\_\_\_  
 (Block Letters)

Registered Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

I/We wish to vary my/our participation in the above Plan as shown below:

Participation Required \_\_\_\_\_

Ordinary Shares \_\_\_\_\_

- If full participation required, insert "Full"
- If partial participation required, insert quantity required
- If termination is required, insert "Nil"

<p><b>Signature of Shareholder(s)</b>                  (All joint holders must sign)</p>	<p><b>Companies Only</b>- Executed in accordance with the Company's                  Constitution and the Corporations Law</p>
<p>x-----                  Signature                      Date</p>	<p>x-----                  Sole Director and Sole Secretary                      Date</p>
<p>x-----                  Signature                      Date</p>	<p>x-----                      x-----                  Director                      Date                      Secretary                      Date</p>
<p>x-----                  Signature                      Date</p>	<p>x-----                      x-----                  Director                      Date                      Secretary                      Date</p>
<p><b>Note:</b> If signed under Power of Attorney, a Certified Copy of the relevant Power of Attorney document must be exhibited to the Registry.                  The Attorney declares that he/she has had no notice of revocation of the Power of Attorney.</p>	

**This document is important. If you are in any doubt about the action to be taken you should consult your Financial Advisor.**

**UNITED OVERSEAS AUSTRALIA LTD**  
**(ACN 009 245 890)**  
**DIVIDEND REINVESTMENT PLAN**

**APPLICATION TO PARTICIPATE**

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To the Share Registrar  
United Overseas Australia Limited  
PO Box 1156 Nedlands Western Australia 6909

Name of Registered Holder: \_\_\_\_\_  
*(Block Letters)*

Registered Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

I/We wish to participate in the Dividend Reinvestment Plan in respect of the following securities registered in my/our name:

Participation Required \_\_\_\_\_

Ordinary Shares \_\_\_\_\_

- Please write "Full", or if limited participation is preferred, the number of ordinary shares you wish to participate in the Plan. ("Full" indicates both those you hold now and acquire in the future)

I/We agree to be bound by the Terms and Conditions of the Plan.

I/We hereby authorise the Company to apply my/our dividend and/or interest entitlements in respect of the ordinary shares to be allotted by the Company at the price and in accordance with the Terms and conditions stipulated during my/our participation in the Plan.

I/We acknowledge that I/we may only vary or terminate my/our participation in the Plan by notification in writing accordance with the Terms and Conditions with the Plan.

<b>Signature of Shareholder(s)</b> (All joint holders must sign)		<b>Companies Only-</b> Executed in accordance with the Company's Constitution and the Corporations Law			
x ----- Signature	----- Date	x ----- Sole Director and Sole Secretary		----- Date	
x ----- Signature	----- Date	x ----- Director	----- Date	x ----- Secretary	----- Date
x ----- Signature	----- Date	x ----- Director	----- Date	x ----- Secretary	----- Date

**Note:** If signed under Power of Attorney, a Certified Copy of the relevant Power of Attorney document must be exhibited to the Registry.  
The Attorney declares that he/she has had no notice of revocation of the Power of Attorney.

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