



# CHANGE OF DETAILS FORM

The Hongkong and Shanghai Banking Corporation Limited, Sydney Branch  
ABN 65 117 925 970 AFSL No.: 301737  
Fund Services, Australia  
Level 3, 10 Smith St Parramatta NSW AUSTRALIA 2150  
Facsimile (612) 8987 5943

## INVESTOR DETAILS

Name of Registered Holder: \_\_\_\_\_

Holder ID (8-digit) : \_\_\_\_\_ Account ID: \_\_\_\_\_

### 1. CHANGE OF ADDRESS DETAILS

Change of Address:  Registered Address  Correspondence Address (please tick where appropriate)

Previous Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Address

(A P.O. Box address will not be accepted for registered address purposes.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2. CHANGE OF STANDING INSTRUCTION FOR REDEMPTION / DISTRIBUTION PAYMENTS\*

Correspondent Bank : \_\_\_\_\_

Bank Address : \_\_\_\_\_

BIC\*/SWIFT Code : \_\_\_\_\_

Beneficiary Bank : \_\_\_\_\_ Beneficiary BIC\*: \_\_\_\_\_

Beneficiary Bank Address : \_\_\_\_\_

Account Name\*\* : \_\_\_\_\_

Account No.\*/IBAN\* : \_\_\_\_\_ Currency: \_\_\_\_\_

\* Please complete all information above to enable timely and accurate payment. BIC and IBAN codes must be provided where you have requested payment in Euro/GBP/CHF. In the case of incomplete information, we shall effect payment in our best endeavor. None of the Fund, the Manager, the Administrator or their agents or affiliates accept any responsibility for any loss or delay caused by incomplete / incorrect bank account details.

\*\* The bank account name and number MUST correspond to an account in the name of the Registered Holder.

### 3. CHANGE DISTRIBUTION OPTION

Cash Distribution Option

Reinvestment Distribution Option

### 4. CHANGE OF CONTACT DETAILS

Name of Contact : \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_

Email Address : \_\_\_\_\_

## SIGNATURE

Joint investors must sign this form in accordance with the election made on the initial subscription documentation. Corporate investors must sign under seal or power of attorney.

Signature of Investor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Investor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Investor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Investor \_\_\_\_\_ Date \_\_\_\_\_

NOTE: This form may be submitted by facsimile provided the original follows promptly. Investors should note, no responsibility is accepted for any loss caused as a result of non-receipt or illegibility of any request sent by facsimile or for any loss caused in respect of any action taken as a consequence of such facsimile instruction believed in good faith to have originated from properly authorized persons.