

PLEASE USE BLOCK LETTERS TO COMPLETE THIS FORM

Investor Number

1. INVESTOR DETAILS

Full Name of Organisation (as submitted in original application)

Mailing Address

Street or PO Box No.

Street Name

Suburb

State

Postcode

Telephone

Fax

Mobile

Email Address

Would you like to change the way you receive your distributions? (Please one of the following)

- Reinvest Cheque Credited to my nominated account at a bank or other financial institution
(please provide account details below)

Financial Institution

Branch

Account name

Account Number

BSB

2. CHANGE OF NOMINATED REPRESENTATIVE

I/We agree to appoint the following person/s described below as our nominated representative.

Name in Full (as shown on original authority)

Name in Full (as shown on original authority)

Title

Title

Signature

Signature

Nominated Representative - Name in Full

Nominated Representative - Name in Full

Title

Title

Signature

Signature

3. CHANGE OF ADDRESS

Previous Address

Street or PO Box No.

Street Name

Suburb

State

Postcode

Telephone

Signature

CCI Investment Management Limited
CHANGE OF DETAILS FORM

New Address

Street or PO Box No.

Street Name

Suburb

State

Postcode

Telephone

Signature

Date / /

Contact Us

Mail CCI Investment Management Limited
GPO Box 180 Melbourne VIC 3001

Email cciim@ccinsurances.com.au

Website www.ccinsurances.com.au

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