



PROPERTY GROUP

Cromwell Property Group

Cromwell Corporation Limited ABN 44 001 056 980
Cromwell Property Securities Limited ABN 11 079 147 809 AFSL 238 052
as responsible entity for Cromwell Diversified Property Trust ARSN 102 982 598

All Registry communications to:
Link Market Services Limited
Locked Bag A14
Sydney South NSW 1235 Australia
Telephone: +61 1300 550 841
Facsimile: (02) 9287 0303
ASX Code: CMW
Email: registrars@linkmarketservices.com.au
Website: www.linkmarketservices.com.au

Full Name(s) of Registered Holding

Empty text box for Full Name(s) of Registered Holding

Account Designation

Empty text box for Account Designation

Registered Address

Empty text box for Registered Address with Postcode field

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

Empty grid for Securityholder Reference Number (SRN) Or Holder Identification Number (HIN)

A DISTRIBUTION REINVESTMENT PLAN APPLICATION OR VARIATION

Please use a BLACK pen. Print CAPITAL letters inside the combed boxes below.

Combed box for letters A B C

Combed box for numbers 1 2 3

Where a choice is required, mark the box with an 'X'

Combed box for marking with an 'X'

This form is to be completed where the securityholder wishes to have their payments reinvested under the rules of the Cromwell Property Group Distribution Reinvestment Plan.

I/We being the above named holder of registered securities wish to participate in the Plan as indicated below.

I/We authorise the application of the payment to me/us with respect to the number of securities participating in the Plan at the price and subject to the rules of the Plan.

I/We hereby agree to be bound by the rules of the Plan in subscribing for additional securities.

I/We acknowledge that I/we may vary my/our participation in the Plan, in accordance with the rules of the Plan. This will cancel any earlier Plan instructions and take priority over any direct credit instructions.

Degree of Participation (cross appropriate box):

Box for FULL PARTICIPATION - Including any further acquisitions.

or

Box for PARTIAL PARTICIPATION - Please specify the number of securities to participate in the Plan

B SIGNATURE(S) OF SECURITYHOLDER(S) - THIS MUST BE COMPLETED

Securityholder 1 (Individual)

Signature box for Securityholder 1

Joint Securityholder 2 (Individual)

Signature box for Joint Securityholder 2

Joint Securityholder 3 (Individual)

Signature box for Joint Securityholder 3

Sole Director and Sole Company Secretary/Director (delete one)

Director/Company Secretary (delete one)

Signing Instructions: This form should be signed by the securityholder. If a joint holding, all securityholders should sign. If signed by the securityholder's attorney, the power of attorney must have been previously noted by the registry or a certified copy attached to this form. If executed by a company, the form must be executed in accordance with the company's constitution and the Corporations Act 2001 (Cth) (or for New Zealand companies, the Companies Act 1993).

Date

Date entry box with slashes

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).

