

**Cromwell Property Group** 

Cromwell Corporation Limited ABN 44 001 056 980 Cromwell Diversified Property Trust ARSN 102 982 598 (the responsible entity of which is Cromwell Property Securities Limited ÀBN 11 079 147 809, AFSL 238 052)

Locked Bag A14 Sydney South NSW 1235 Australia Telephone: +61 1300 268 078 Email: invest@cromwell.com.au Website: www.cromwellpropertygroup.com

(Enter the given and last names of all securityholder(s) shown on the	he securityholder documents)	
Account Designation		
Registered Address (The actual address that is shown on the	e securityholder documents)	Securityholder Reference Number (SRN)
Pos	tcode	Cecumynolaer reference number (ORR)
A SMALL ES	STATE STATEMENT AND INC	DEMNITY
Please complete this form in BLACK INK using capi	tal letters. Photocopies will not be accep	ted.
1. Description of Securities (Shares, Options, etc)	2. Number of Secur	ities held
$\ensuremath{\mathrm{I/We}}$ do solemnly and sincerely declare $\ensuremath{\mathrm{I}}$ am/we are the	legal representative(s) for the above deceas	ed estate.
3. Full name(s) of Executor(s) or Administrator(s)		
4. Address of Executor(s) or Administrator(s). Only one a	uddroes can be recorded	
Unit Number/Level Street Number Street Name	duless call be recorded.	
Outsuch /Traver		Olata Daylorda
Suburb/Town		State Post Code
5. I/We request the security issuer to permit transmission		
a Grant of Probate or Letters of Administration or rese	eal of grant of probate to be obtained in the s	ate or:  (Australian State or Territory where
		the securities are registered)
In consideration of the security issuer registering the securitie	s in my/our name(s) I/We hereby covenant to inde	emnify and forever keep indemnified the security issuer, the
directors and the trustees of the security issuer, the security r and all claims, actions, proceedings, demands, costs and exp		
6. Contact Name	Telephone Number (Business Hours)	Telephone Number (After Hours)
B SIGNATURE(S) OF EXECUTO	R(S)/ADMINISTRATOR(S) - T	THIS MUST BE COMPLETED
Executor/Administrator (delete one)	Executor/Administrator (delete one)	Executor/Administrator (delete one)
Witness	Witness	Witness
The witness(es) certifies that the person(s) who has/have and has/have signed in the presence of the witness with		Date: / /
но	W TO COMPLETE THIS FOR	М
A Small actates statement and indemnity Enter the		

- - 1. A brief description of the type of securities eg. shares, options etc.
  - 2. The number of securities held in figures.
  - 3. The full name(s) of all Executor(s) or Administrator(s).
- 4. The address details to be entered on the register. Please note that only one address can be recorded. This should be the address for the delivery of all future correspondence.
- 5. The Australian State or Territory where the securities are registered.
- 6. A contact name and telephone number of a person in the event that the registry has a query regarding this form.

Important notice: If the holding is a broker sponsored holding in CHESS, do not send this completed form to Link Market Services Limited. You must contact the sponsoring broker to lodge a Small Estates Statement and Indemnity.

B Signature – All Executor(s)/Administrator(s) must sign in the presence of a witness who is known to them.

Personal Information Collection Notification Statement: Personal information about you is held on the public register in accordance with Chapter 2C of the Corporations Act 2001. For details about Link Group's personal information handling practices including collection, use and disclosure, how you may access and correct your personal information and raise privacy concerns, visit our website at www.linkmarketservices.com.au for a copy of the Link Group condensed privacy statement, or contact us by phone on +61 1800 502 355 (free call within Australia) 9am-5pm (Sydney time) Monday to Friday (excluding public holidays) to request a copy of our complete privacy policy.