

ACN 614 800 136

All correspondence and enquiries to:

ADVANCED SHARE REGISTRY

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| SCHEME OF ARRANGEMENT PAYMENT BY BANK TRANSFER | | | | | | | |
|--|-----------------|--------|----------|----------|----------|-----------|------------|
| A PAYMENT VIA BANK TRANSFER | | | | | | | |
| Please use a BLACK pen. Print CAPITAL letters inside the boxes below. | AB | С | 1 | 2 | 3 | | |
| You may also update your Banking Instructions details online at our Share Registry website <u>www.advancedshare.com.au</u> . | | | | | | | |
| I/We hereby request that the payment of the Scheme Consideration in cash in are to be redirected into the following bank / building society account: | respect of n | ny/our | shareho | lding in | Dragont | ail Syste | ms Limited |
| Name of account | | | | | | | |
| (Note: The name(s) must be the same as that/those printed above. Payment cannot be credited to th | ird party accou | nts). | <u> </u> | | <u> </u> | 1 1 | 1 1 |
| BSB Number (Bank/State/Branch) Account Number | | | | | | | |
| | | | | | | 1 1 | |
| Name of Bank/Financial Institution | | | | | | | |
| | | | | | | | |
| Branch Suburb/Town | | | | | | | |
| Shareholder's Contact Name | | Tele | phone N | umber | | | |
| | | | 1 1 | | 1 1 | 1 1 | 1 1 |
| Email | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| B SIGN HERE – This section must be signed for your instruction | ons to be | execu | ted | | | | |
| Securityholder 1(Individual) Joint Securityholder 2 | | | oint Sec | urityho | older 3 | | |
| | | | | | | | |
| Sole Director and Sole Company Secretary / Director (Delete One) Director / Company Secretary (Delete One) | ete One) | | | | | | |
| | | Г | Day | | Mont | th | Year |

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.