JMP Securities Limited Level 3, ADF Haus Musgrave Street, PO Box 2064, Port Moresby National Capital District Papua New Guinea



SELLING SHARES FORM

Attention: Client Advisers/Equity Dealers

I/We	_			
of				
nereby authorises JMP Securities Limited (JMP) to sell shares on my/our behalf as ndicated Section 1, 2 and 3.				
ection 1				
Fotal quantity				
Stock				
Security Reference Number				
ection 2				
Security Details (FPO, etc.)				
Number of shares to sell				
Market price or limit				
	_			
hare Registration details				
Name				
Address				
Telephone Telephone				
Mobile				
Email Email				
ection 3				
Account Name				
Account No				
Branch Address	٦			
1	_			

Important Note

- → You must provide us with the original certificate/statement or a valid shareholder's reference number for the stock you are holding.
- → All new investors must provide a valid form of identification, which can either be a passport, driver's license, work ID or a statutory recommendation letter from a trusted source known to JMP Securities Limited; JMP reserves the right to refuse or accept new applications
- → Existing clients may also be requested to provide a valid form of identification which can either be a password, driver's license, work ID, a statutory declaration signed by a reputable commissioner of oaths or a recommendation letter from a trusted source known to BSP Capital Limited.
- → Please refer to the following sliding scale brokerage fee structure to be applied on each investment consideration.
- → Contact your Client Advisor if you have any queries.

Fee Schedule

Domestic Transaction Fees		International Transaction Fee*		
Amount/Consideration	Fee (PGK)	Amount/Consideration	Fee (A\$)	
K2,000 - K10,000	325	\$2,000 - \$5,000	\$200	
K10,001 - K20,000	2.5% + 75	\$5,001 - \$100,000	1.5%+125	
K20,001 - K50,000	2.0% + 75	\$100,001 +	1.0%+125	
K50,001 - K100,000	1.5% + 75			
K100,001 +	1.0% + 75			

^{*}On account of the current limitations and restrictions in foreign exchange markets in Papua New Guinea, we are not offering these services at present.

Declaration

I/We declare that the information provided in this form is true in every detail to the best of my/our knowledge. I/We accept full liability if any information provided in this form is false.

	Applicant 1		Applicant 2
Name		Name	
Signature		Signature	
Date		Date	

Witness

Name	Signature	Date		

For office use only

Compliance officer

I confirm that I have performed the following;

- Verified the account details on the system
- Verified the signature and received client's photo identification on the system if an existing client
- Receive the statement of holding to confirm the holding
- For joint applicants, authorised representatives have signed the form
- For non-individual applicants, the authorised signatories have authorised the transaction with copies of relevant documents substantiating the applications.

Staff Id:	Name		Date//20
Authorising Officer			
Staff Id:	Name:		Date//20
Counterparty details			
Account number		Adviser	