



# DIVIDEND REINVESTMENT PLAN

## APPLICATION / NOTICE OF VARIATION FORM

THIS FORM IS ONLY VALID WHEN IT IS SIGNED

ALL CORRESPONDENCE TO:  
**Advanced Share Registry Services**  
PO Box 1156  
Nedlands Western Australia 6909

Name : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (08) 9389 8033  
Facsimile: (08) 9389 7871  
Email: [admin@advancedshare.com.au](mailto:admin@advancedshare.com.au)  
Investor Web: [www.advancedshare.com](http://www.advancedshare.com)

This form is to be completed when a shareholder wishes to have their dividend payments reinvested under the rules of the Dividend Reinvestment Plan (DRP) of Bentley Capital Limited (BEL).

### DEGREE OF PARTICIPATION - PLEASE MARK ONE BOX ONLY

**A**  **FULL Participation in the  
DRP** I/We wish for ALL my shares (including any further acquisitions) to participate in the  
DRP. No cash dividend will be paid.

**B**  **Partial Participation in the  
DRP** I/We wish for PART of my shares (including any further acquisitions) to participate in  
the DRP. The dividends on the balance of your shares (if any) will be paid in cash.

Please specify the number of shares to partially participate in the DRP

**C**  **Termination of  
Participation in the DRP** I/We no longer wish to participate in the DRP. *Only tick Box C if you are already in the  
DRP and wish to cancel ALL your participation.*

I /We authorise the application of the payment of dividends to me/us with respect to the number of shares participating in the DRP at the price determined under, and subject to, the rules of the DRP.

I /We acknowledge that shares issued as a result of my participation in the DRP will automatically participate in the DRP.

I /We otherwise agree to be bound by the rules of the DRP in subscribing for additional shares in BEL.

### PLEASE SIGN HERE

This Form *must* be signed in accordance with the instructions below to enable your directions to be implemented.

Individual or Shareholder 1

Joint Shareholder 2

Joint Shareholder 3

Sole Director and Sole Company Secretary

Director

Director / Company Secretary

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Contact Name

-----  
Contact Daytime Telephone

-----  
Date

Email: -----

#### Signing Instructions

**Individual:** Where the holding is in one name, the holder must sign.

**Joint Holding:** Where the holding is in more than one name, all of the shareholders should sign.

**Power of Attorney:** If you are signing under a Power of Attorney, you must lodge an original or certified photocopy of the appropriate Power of Attorney with your completed form.

**Companies:** Where the company has a Sole Director who is also the Sole Company Secretary, this form must be signed by that person. If the company (pursuant to section 204A of the *Corporations Act 2001*) does not have a Company Secretary, a Sole Director can also sign alone. Otherwise this form must be signed by a Director jointly with either another Director or a Company Secretary. Please indicate the office held by signing in the appropriate place.