



**Request for Fee Adjustment**

<b>TO:</b>	Clearing and Settlement Operations	<b>FAX NO:</b> (612) 9256 0426
<b>FROM:</b> Contact Name		<b>DATE:</b>
<b>Participant Mnemonic</b>		<b>Exchange:</b> SY / NZ (circle appropriate)

We hereby request you, subject to the terms of the ASX Clear (Futures) Operating Rules and subject to the consent of ASX, make a Fee Adjustment as set out below and signed by the authorised signatories of both parties. We acknowledge responsibility for the accuracy of contract information set out below and also acknowledge that ASX Limited will act on a best endeavours basis only. ASX (including its employees, representatives, or any related body corporate of ASX) does not accept liability whatsoever for any loss or damage arising in any way (including by way of negligence) from ASX acting or refraining to act in accordance with this request.

Date	Contract Details				Ext.Trade Number	Price	No. of Lots	Fee Adjust. Required \$ No GST	SFE USE ONLY Processed
	CC	MY Y	Strike	P/C					
<b>TOTAL</b>									

<b>Reason for Adjustment:</b>	Block Trade	_____					
	Multiple EFP Trade	_____					
	Option Exer/Assign	_____					
	Other	_____					
<b>Debit Participant Code:</b> (if applicable)		<b>H/C</b>		<b>Credit Participant Code:</b> (if applicable)		<b>H/C</b>	

Notifications lodged with ASX by no later than **3:00pm (Sydney time)**, if in order and subject to the ASX 24 Operating Rules, will be effected on the same day.

\_\_\_\_\_  
**AUTHORISED SIGNATORY DEBIT PARTY**

\_\_\_\_\_  
 NAME AND TITLE

\_\_\_\_\_  
**AUTHORISED SIGNATORY CREDIT PARTY**

\_\_\_\_\_  
 NAME AND TITLE