Appendix K

Letter of Request and Indemnity for Cancellation of Bank Cheques

FACSIMILE TO: PPS Stops Team
WESTPAC BANKING CORPORATION
(02) 9806 4524 or (02) 9806 4547

...................................................................................................................................................................................(The “Customer”) hereby requests Westpac to:

(a) Cancel the Bank Cheques listed below (each an “Original Bank Cheque”), issued by Westpac pursuant to an agreement or the provision of banking services between Westpac and the Customer dated (date of agreement) (the “Banking Agreement”); and

(b) Refund the amount of each Bank Cheque to the account of the Customer listed below.

In consideration of Westpac agreeing to act on those instructions the Customer:

(i) Agrees that should the Original Bank Cheque come into its possession or control it will either deliver it to Westpac immediately or destroy it and advise Westpac as soon as practicable thereafter of its destruction;
(ii) Undertakes that if the Original Bank Cheque is paid by Westpac notwithstanding Westpac’s best endeavours to stop payment (and the Customer acknowledges that for a number of reasons Westpac’s best endeavours may be insufficient, for example, because of the time taken to relay instructions to the Westpac operational areas, or due to an insufficient or incorrect description of the Original Bank Cheque) that it will on demand by Westpac pay Westpac the amount of the paid Original Bank Cheque together with any costs that Westpac may pay or incur in connection with the payment;
(iii) Agrees to indemnify Westpac against all any liability, loss, cost and expenses Westpac may incur as a result of any actions suits claims or demands which may be brought or made on the Original Bank Cheque or in respect of the moneys referred to it; and
(iv) Agrees to pay to Westpac the fee specified in the Banking Agreement for each Original Bank Cheque that is to be cancelled.

For and on behalf of

..................................................................................................................................................................................

Name: __________________________ Name: _______________________
Signature: __________________________ Signature: _______________________

Who certify that they are duly authorised in terms of the Banking Agreement to provide this instruction.

BANK CHEQUES TO BE CANCELLED

<table>
<thead>
<tr>
<th>Issue Date</th>
<th>Bank Cheque Account Number</th>
<th>Bank Cheque Serial Number</th>
<th>Payee</th>
<th>Amount</th>
<th>Reason (must be lost, stolen or destroyed)</th>
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Details of account to be credited with proceeds of cancelled Bank Cheques

Account Name: __________________________ BSB: __________________________
Account Number: __________________________

Mandatory return fax confirmation details

Contact Name: __________________________
Department Name: __________________________
Return Fax Number: (08) __________________________
Return Ph Number: (08) __________________________