

COMMUNICATION FORM

Investor Details

Please list your Investment Name and Securityholder Reference Number (SRN) below:

Name _____
 SRN U _____

Contact Details

Name _____
 Street Address _____
 Suburb _____ State _____ Postcode _____
 Email Address _____

Communication Preferences

Please indicate if and how you would like to receive the following (please tick one for each row):

Unitholder statements and communications Email Post
 Annual Financial Reports for the Group Email Post None

Distribution Payments

You are required to provide your bank details for payment of distributions. Distributions will not be made by cheque.

Account Name _____
 Financial Institution _____
 BSB _____ Account Number _____

Please provide your TFN, ABN or exemption details below. While it is not compulsory to provide this information, by not providing it, tax may be withheld from taxable distribution payments at the highest marginal rate.

TFN _____ ABN _____

Sign Here – This section must be signed for your instructions to be executed

I/We request you to amend the abovenamed investor's records to reflect the information provided above. I/We acknowledge that these instructions superseded and have priority over all previous instructions in respect to my/our securities. (Instructions detailing who is required to sign are included overleaf.)

Individual or Securityholder 1

Director

Securityholder 2

Director/Company Secretary

Securityholder 3

Sole Director and Sole Company Secretary

Date _____

Please email this form to info@waratahmanagement.com.au or mail to PO Box 605 Neutral Bay NSW 2089

Waratah Hotel Fund ARSN 123 286 394, Waratah Hotels Limited ACN 117 204 225 and Waratah Hotels No 2 Ltd ACN 619 064 998

INSTRUCTIONS FOR SIGNING

Individual:	This form is to be signed by the securityholder.
Joint Holding:	Where the holding is in more than one name, all of the securityholders must sign.
Power of Attorney:	To sign as Power of Attorney, you must have already lodged it with the registry. Alternatively, attach a certified photocopy of the Power of Attorney to this form.
Companies:	Director, Company Secretary, Sole Director and Sole Company Secretary can sign. Please indicate the office held by signing the appropriate space.

PRIVACY STATEMENT

The personal information in this form is collected by Waratah Funds Management Limited ("Waratah"), as registrar for the issuer of the securities you hold.

Waratah's privacy policy can be viewed on our website (www.waratahmanagement.com.au). Waratah operates under the AFSL: 477840 and is located at Suite 1, 207 Ben Boyd Road Neutral Bay NSW 2089.

Your personal information is required for administration of the register of securityholdings. Should some or all of the requested information not be provided, correct administration of your securityholding may not be possible. Your personal information may be disclosed to the issuer of the securities you hold, its or our related bodies corporate, external service companies such as print or mail service providers or otherwise as permitted by law. If, in accordance with the provisions of the Corporations Act the issuer of the securities you hold approves, you may be sent marketing material in addition to general corporate communications. You may elect not to receive marketing material by contacting Waratah Funds Management Limited.

You can obtain access to your personal information and (if required) advise of any incorrect, inaccurate or out of date data information held, by contacting Waratah Funds Management Limited on 02 9098 9100.