

11.4 | Completion Notice



QUANTUM WARRANTS

You should complete this form if you want to make your completion payment and receive the Underlying Securities at any time.

Once completed send your form to:

QuantumWarrants Pty Ltd
GPO Box 2593
SYDNEY NSW 2001

Dear Sir/Madam,

This notice is to inform you that I/We being the holder of the Portfolio Warrant outlined below and issued in accordance with the terms detailed in the relevant PDS issued by QuantumWarrants limited the above provide a completion notice in respect of those instalments.

Please find attached completion payment.

Write full names as they appear on the Register

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Account Name (e.g., Name of trust, superannuation fund, or company)

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|--|
| |
| |

Address

| | | | |
|------------------------------|-------|----------|--|
| Street number and name | | | |
| | | | |
| Suburb | State | Postcode | |
| Contact name (if not holder) | | | |
| Contact phone | | | |
| Email | | | |

| Portfolio Warrant number | Completion payment per instalment | Transfer Tax (if applicable) | Payment required |
|--------------------------|-----------------------------------|------------------------------|------------------|
| | | | |

Completion payment monies

Cheque details for the completion payment. Please make cheque payable to Equity Financial Pty Ltd <Applications A/c>

| Drawer | Bank | Branch | Amount |
|--------|------|--------|--------|
| | | | |
| | | | |

QuantumWarrants account details for direct credit of funds

| | |
|-----------------------------------|---|
| Account name: | Equity Financial Pty Ltd <Applications A/c> |
| Branch code (BSB) | 1 8 2 2 2 2 Account No. 1 2 3 0 0 0 9 3 7 |
| Bank name | Macquarie CMT Account |
| Narrative (insert investors name) | |

Signature one

| | |
|------|------|
| | |
| Sign | Date |
| Name | |
| | |

Signature two

| | |
|------|------|
| | |
| Sign | Date |
| Name | |
| | |