

Request for Direct Payment of Dividends / Interest

Please credit all dividends/interest on the holding as registered above to the following Financial Institution

Name of Financial Institution (please print)	
Branch (full address – please print)	
BSB Number (must be 6 digits)	Account Number
Account Name (please print)	
1 st Securityholder sign / or Director	2 nd Securityholder sign / or Director/Company Secretary
3 rd Securityholder sign / or Sole Director & Sole Company Secretary	Dated this day of 200

Notification of Tax File Number, ABN or Exemption

1 st Securityholder Tax File Number / ABN / Exemption	2 nd Securityholder Tax File Number / ABN / Exemption			
3 rd Securityholder Tax File Number / ABN / Exemption				
Individual or Joint <input type="checkbox"/>	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Trust <input type="checkbox"/>	Super Fund <input type="checkbox"/>

Please tick applicable box

Instructions for completing this form are provided overleaf

DIVIDEND REINVESTMENT PLAN (DRP) – APPLICATION / NOTICE OF VARIATION

- 1) Please complete one choice only
- (a) Full Participation is required in the DRP. All securities held will participate in DRP. No cash distribution will be issued. Please tick Box A. Box A
- (b) Partial Participation is required in the DRP. Please write in Box B the number of securities you would like to participate in the DRP. The distribution on the balance of your securities (if any) will be issued in Cash. Securities issued as a result of your partial participation in the plan will automatically participate in the plan. Box B

Insert number of securities
- (c) Termination 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 your participation. Box C

- 2) SIGNING INSTRUCTIONS:
This form is not valid unless signed by the security holder/s. In the case of joint holdings, all joint holders must sign. If signed under power of attorney, the attorney hereby states that no notice of revocation of the power has been received. If the power of attorney has not previously been noted by the registrar, a copy, certified by a person authorised to witness statutory declarations, must be produced for noting by Registries Limited at the address below. Certified copies will be retained by Registries Limited. Corporate advices must be signed by two directors or a director and the secretary, clearly stating the title of the signatories. For companies with a sole director/sole secretary this must be stated.

Shareholder 1 (Individual)	Joint Shareholder 2 (Individual)	Joint Shareholder 3 (Individual)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Sole Director & Sole Company Secretary	Director	Director / Company Secretary

Business Telephone No. _____ Date _____

If this form is returned signed, but with no option indicated, it will be treated as an application for full participation.

PLEASE FORWARD TO:
PRO-PAC PACKAGING LIMITED SHARE REGISTRY
C/- BOARDROOM PTY LIMITED GPO BOX 3993, SYDNEY NSW 2001

PHONE NUMBER: (02) 9290 9600
FAX NUMBER: (02) 9279 0664

This instruction will remain in force until altered or cancelled by the securityholder(s) in writing.

Please see overleaf for Annual Report Election

Annual Report Election

We wish to advise you of the choices available to you with regard to receiving the Company's annual report.

We are aware that some shareholders prefer not to receive an annual report at all whilst some prefer to view or download the annual report from the Company's website. By reducing the number of annual reports printed and mailed each year you are not only helping your Company to reduce costs but helping the environment as well.

By marking the box below you can select not to receive a copy of the company's Annual report. However, you will still receive all other shareholder mailings including notices of meetings and proxy forms.

Please return this letter to our share registry (Registries Limited) by fax, email or mail.

The Annual Report, other releases and general company information are also available on our web site at www.pro-pac.com.au

Annual Report Request

The company will automatically mail you an Annual Report each year unless you elect otherwise.

Please mark this box if you **DO NOT** wish to receive the company's Annual Report. You will however, receive all other securityholder mailings including notice of meetings and proxy forms.

Email request for Annual Report

Please insert your email address in the box if you wish to receive email advice that the Annual Report is available for viewing or downloading from our website.

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C/- BOARDROOM PTY LIMITED
GPO BOX 3993, SYDNEY NSW 2001

PHONE NUMBER: (02) 9290 9600
FAX NUMBER: (02) 9279 0664
EMAIL: enquiries@boardroomlimited.com.au

Further Information and Instructions

Direct payment of dividends or interest

These can only be made to an Australian bank, credit union or building society.

If you want your dividends or interest to be paid directly into a nominated account, please complete the section on the front of this form. Until you advise otherwise, all future payments in respect of your holding will be paid into the nominated account. Your payment will not be subject to any postal delays, the risk of loss or theft of your cheque will be eliminated and an advice containing full dividend or interest details will be despatched to you by the Registry.

If you change your account for some reason please notify the Registry immediately.

If you do not complete this section or this notice is incomplete, unsigned or invalid in any way, you will continue to receive your dividends by cheque.

Neither the Company nor the Registry will be responsible for any delays in payments being credited to your nominated account as a result of transaction procedures, errors or delays by any financial institution.

This instruction for your dividend or interest to be paid directly into your account only applies to the specific holding appearing on the front of this form.

If your securities are held in joint names, all holders must sign.

If you are signing as an Attorney then the Power of Attorney must have either been noted by the Registry or be duly stamped and accompany this form when lodging it with the Registry. Only duly authorised officers of a Company can sign on behalf of a Company and you must state the office held by the signatory (e.g. Director, Secretary).

Tax File Numbers, ABN or Exemptions

Complete this section if you wish to provide your TFN, ABN or Exemption. Collection of TFN and ABN information is authorised by the Tax Legislation and its use and disclosure is strictly regulated by the Tax Legislation and Privacy Act.

It is not an offence to choose not to provide your TFN, ABN or Exemption, however if you do not, tax may be deducted from any unfranked portion of your dividends or interest payments at the highest marginal rate.

If you are exempt, provide the appropriate exemption code from the following list:

<u>Description</u>	<u>Exemption Code</u>
Age Pension, Invalid Pension, Service / Veterans Pension	00444444441
Carers Pension, Rehabilitation Allowance, Sole Parents Pension Widows Pension, Other Pension, Special Benefit	00444444442
Non-Profit Organisation	00555555555
Investors in the business of providing consumer or business finance	00666666666
Norfolk Island residents	00777777777

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