



CHESSE SPONSORED CLIENT OFF MARKET TRANSFER form

FOR NON-MARKET TRANSACTIONS

Please use BLOCK letters. Please have any changes initialled by all parties. Any use of correction fluid renders form invalid.

1. Full Name of Security/Stock COMMONWEALTH BANK OF AUSTRALIA		RECEIVED 10 JUL 2020		
2. Full Description of Securities Class FULLY PAID ORDINARY	If not fully paid, paid to			
3. Quantity 517	Words FIVE HUNDRED AND SEVENTEEN			Figures 517
4. Price \$62,31	<input checked="" type="checkbox"/> Use previous closing price	AUD\$ 32,214.27	or specific price AUD\$ 32,214.27	
5. Full Name(s) of Seller(s) Surname(s) / Company Name PELLEGRINO, PELLEGRINO		Given Name(s) SALVATORE + MARIA		
Mr/Mrs/Ms/Miss MR. + MRS		A/C Designation (if required)		
6. Full Postal Address of Seller(s) 13 KELSO STREET, BURWOOD HEIGHTS State NSW Postcode 2136				
7. PID or Broker Name 02662		8. SRN or HIN 0012243634		
9. Client Account Number (Optional) 3402558				
10. Contact Details (Seller) Work (02) 9570 1562		Mobile 0451 910 058	Email pellegrinosam@gmail.com	
<small>To comply with the ASIC Market Integrity Rules the first email address must be that of the account holder.</small>				
11. Consideration \$62,31 AUD\$ 32,214.27		12. Date of Purchase 1 / 16 / 2020		
13. Full Name(s) of Buyer(s) Surname(s) / Company Name PELLEGRINO, PELLEGRINO		Given Name(s) SALVATORE + MARIA		
Mr/Mrs/Ms/Miss MR. + MRS.		A/C Designation (if required) SAM PELLEGRINO S/F A/C		
14. Full Postal Address of Buyer(s) 13 KELSO STREET, BURWOOD HEIGHTS State NSW Postcode 2136				
15. PID or Broker Name 02662		16. SRN or HIN 0045686302		
17. Client Account Number (Optional) 1380870				
18. Contact Details (Buyer) Work (02) 9570 1562		Mobile 0451 910 058	Email pellegrinosam@gmail.com	
<small>To comply with the ASIC Market Integrity Rules the first email address must be that of the account holder.</small>				
I/We the registered holder(s) and undersigned Seller(s) for the above consideration do hereby transfer to the above name(s) hereinafter called the Buyer(s) the securities as specified above standing in my/our name(s) in the books of the above named Company, subject to the several conditions on which I/we held the same at the time of signing hereof and I/we the Buyer(s) do hereby agree to accept the said securities to the same conditions. I/We have not received any notice of revocation of the Power of Attorney by death of the grantor or otherwise, under which this transfer is signed.				
19. Seller(s) [Transferor(s)] Sign Here >		Company Use Only (Please circle if relevant.) Director/Secretary Director/Secretary Director/Secretary Sole Director Director/Secretary Director/Secretary		
20. Date Signed (Seller) 1 / 16 / 2020				
21. Buyer(s) [Transferee(s)] Sign Here >				
22. Date Signed (Buyer) 1 / 16 / 2020				
23. Identification (if not already provided). See overleaf.				
Your payment options <input checked="" type="checkbox"/> Direct Debit from your Cash Account OR <input type="checkbox"/> Cheque				

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1. Full Name of Security/Stock **NATIONAL AUSTRALIA BANK LTD**

2. Full Description of Securities Class **FULLY PAID ORDINARY** If not fully paid, paid to

3. Quantity **1005** Words **ONE THOUSAND AND FIVE** Figures **1005**

4. Price **\$17.69** Use previous closing price **AUD\$ 17,778.45** or specific price **AUD\$ 17,778.45**

5. Full Name(s) of Seller(s) Surname(s) / Company Name **PELLEGRINO PELLEGRINO**
 Mr/Mrs/Ms/Miss **MR + MRS** Given Name(s) **SALVATORE + MARIA**
 [Transferor(s)]
 A/C Designation (if required)

6. Full Postal Address of Seller(s) **13 KELSO ST BURWOOD HTS** State **NSW** Postcode **2136**
 [Transferor(s)]

7. PID or Broker Name **02662** 8. SRN or HIN **X0012243634**

9. Client Account Number (Optional) **3402558**

10. Contact Details (Seller) Work **02 95701562** Mobile **0451 910 058** Email **pellegrinosam1@gmail.com**
 To comply with the ASIC Market Integrity Rules the first email address must be that of the account holder.

11. Considerations **\$17.69 AUD\$** **\$17,778.45** 12. Date of Purchase **1/6/20**

13. Full Name(s) of Buyer(s) Surname(s) / Company Name **PELLEGRINO PELLEGRINO**
 Mr/Mrs/Ms/Miss **MR + MRS** Given Name(s) **SALVATORE + MARIA**
 [Transferee(s)]
 A/C Designation (if required) **STM PELLEGRINO S/F A/C**


14. Full Postal Address of Buyer(s) **13 KELSO ST BURWOOD HTS** State **NSW** Postcode **2136**
 [Transferee(s)]

15. PID or Broker Name **02662** 16. SRN or HIN **0045686302.**


17. Client Account Number (Optional) **1380870**

18. Contact Details (Buyer) Work **02 95701562** Mobile **0451 910 058** Email **pellegrinosam1@gmail.com**
 To comply with the ASIC Market Integrity Rules the first email address must be that of the account holder.

I/We the registered holder(s) and undersigned Seller(s) for the above consideration do hereby transfer to the above name(s) hereinafter called the Buyer(s) the securities as specified above standing in my/our name(s) in the books of the above named Company, subject to the several conditions on which I/we held the same at the time of signing hereof and I/we the Buyer(s) do hereby agree to accept the said securities to the same conditions. I/We have not received any notice of revocation of the Power of Attorney by death of the grantor or otherwise, under which this transfer is signed.

19. Seller(s) [Transferor(s)] Sign Here >  **Company Use Only** (Please circle if relevant.)
 Sole Director
 Director Secretary
 Director Secretary
 Company Seal

20. Date Signed (Seller) **1/6/2020**

21. Buyer(s) [Transferee(s)] Sign Here > 
 Sole Director
 Director Secretary
 Director Secretary

22. Date Signed (Buyer) **1/6/2020**

23. Identification (if not already provided). See overleaf.

Your payment options Direct Debit from your Cash Account OR Cheque