

Company or Trust in which Securityholding is held



HEALTHSCOPE LIMITED

All correspondence to:

Registered Name(s) MR JOHN ARMSTRONG EGAN & MRS BERNADETTE EILEEN EGAN <B B & S C SUPER FUND A/C>

Computershare Investor Services Pty Limited GPO Box 2975 Melbourne Victoria 3001 Australia Enquiries (within Australia) 1300 850 505 (outside Australia) 61 3 9415 4000 Facsimile 61 3 9473 2500 web.queries@computershare.com.au www.computershare.com

Registered Address 29 KAIJA STREET MOUNT GRAVATT EAST QLD 4122

Holder Reference Number (HIN) or Securityholder Reference Number (SRN) X00018613069

Use a black pen. Print in CAPITAL letters. A B C 1 2 3

Direct Credit

A Request for Direct Crediting of Payments. This Direct Credit Form will not override any Reinvestment Plan instructions. Note: To withdraw from the Reinvestment Plan please contact Computershare Investor Services Pty Limited. BSB number (eg. 063000) 014272 Account number 354909991 DO NOT USE YOUR CREDIT CARD NUMBER. If you are unsure of your BSB number or account number, please check with your bank, building society or credit union. Name in which account is held (eg. JOHN SMITH) THE BIRDSVILLE BULLWHIP AND SADDLE COMPANY SUPER FUND Name of Australian bank or financial institution AUSTRALIA AND NEW ZEALAND BANKING GROUP LTD Name of branch or suburb or town TOOWONG Type of account (eg. cheque, savings, etc.) Contact Name Telephone Number - Business Hours / After Hours

B Sign Here - This section must be signed for your instructions to be executed. I/We authorise you to act in accordance with my/our instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions relating to payments to which I/we am/are entitled to be paid in cash. Individual or Securityholder 1 Director Securityholder 2 Director/Company Secretary Securityholder 3 Sole Director and Sole Company Secretary Day Month Year



How to complete this form

A Request for Direct Crediting of Payments

Complete this section if you want your cash payments paid directly into your nominated Australian bank, credit union or building society account. Until you advise otherwise, all future cash payments will be paid into the nominated account.

IMPORTANT: DO NOT USE THE NUMBER QUOTED ON YOUR CREDIT CARD

NOTE: The use of correction fluid is not acceptable.

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

Neither the company nor the registry will be responsible for any delays in crediting payments to your nominated account as a result of transaction procedures or errors by any financial institution.

This instruction only applies to the specific holding identified by the SRN/HIN and the name appearing on the front of this form.

B Signature(s)

If you have chosen to have your cash payments paid directly into your nominated Australian bank, credit union or building society account and you have completed Section A, you must sign this form as follows in the spaces provided:

Joint Holding: where the holding is in more than one name, all of the securityholders must sign.

Power of Attorney: to sign under Power of Attorney, you must have already lodged this document with the registry. If you have not previously lodged this document for notation, please attach a certified photocopy of the Power of Attorney to this form when you return it.

Companies: this form must be signed by a Director, a Company Secretary or Sole Director and Company Secretary. Please indicate the office held by signing in the appropriate space or affix the Company Seal.