

# Off Market Transfer Form

**PLEASE COMPLETE THIS FORM USING BLOCK LETTERS AND BLACK GEL INK**

1.	Full Name of Stock/Security	<b>Golden Globe Resources Limited</b>	Code:
2.	Full Description of Security	Class: <b>Ordinary Fully Paid</b>	If not fully paid, paid to:
3.	Quantity	Words: <b>Five Hundred Thousand</b>	Figures: <b>500000</b>
4.	Full Name(s) of Seller(s) / (Transferor/s)	First Name(s): <b>Michael</b>	
		Last Name(s) / Company: <b>Ivkovic</b>	
		A/C designation:	A/c no.:
5.	Full Address of Seller(s)	<b>Unit 204 / 24 Refinery Drive, Pyrmont NSW 2009</b>	
6.	SRN or HIN	7.	Broker PID or Name:
8.	Contact Details (Seller)	Work Phone:	Mobile: <b>0409761020</b>
		Email: <b>mjivkovic@gmail.com</b>	
9.	Date of Purchase	<b>16/06/2021</b>	10. Consideration AUD\$ <b>50000</b>
11.	Full Name(s) of Buyer(s) / (Transferee/s)	First Name(s): <b>Dean Anthony &amp; Jocelyn Ann</b>	
		Last Name(s) / Company: <b>Harris</b>	
		A/C Designation: <b>&lt;Flashjack Super Fund a/c&gt;</b>	A/C No.:
12.	Full Address of Buyer(s)	<b>179 Sheehans Road, Bundaberg, QLD, 4670</b>	
13.	SRN or HIN	14.	Broker PID or Name:
15.	Contact Details (Buyer)	Work phone:	Mobile: <b>0428987973</b>
		Email: <b>flashjack2006@yahoo.com.au</b>	

I/We the Registered Holder/s and undersigned seller/s for the above consideration do hereby transfer to the above names/s hereinafter called the Buyer/s 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 Buyers do hereby agree to accept the said securities subject to the same conditions. I/We have not received any notice of Power of Attorney by death of the grantor or otherwise, under which this transfer is signed.

16.	Seller(s) / Transferor(s) Sign here									
	Print Name									
	Please tick	<input type="checkbox"/> Individual	<input type="checkbox"/> Executor	<input type="checkbox"/> Sole Director	<input type="checkbox"/> Secretary	<input type="checkbox"/> Director	<input type="checkbox"/> Individual	<input type="checkbox"/> Executor	<input type="checkbox"/> Sole Director	<input type="checkbox"/> Secretary
	Date Signed									
17.	Buyer(s) / Transferee(s) Sign here	<b>DEAN ANTHONY HARRIS</b>	<b>JOCelyn ANN HARRIS</b>							
	Print Name	<i>[Signature]</i>	<i>[Signature]</i>							
	Please tick	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Executor	<input type="checkbox"/> Sole Director	<input type="checkbox"/> Secretary	<input type="checkbox"/> Director	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Executor	<input type="checkbox"/> Sole Director	<input type="checkbox"/> Secretary
	Date Signed	<b>16/06/2021</b>	<b>16/06/2021</b>							