

KAY SUPER FUND

expenses for year ended June 30, 2022

| DATE     | ITEM            | AMOUNT   |
|----------|-----------------|----------|
| 10.12.21 | CHESS Fee MPL   | 54.00    |
| 10.5.22  | asic fee        | 56.00    |
| 28.2.22  | accounting fee  | 1,320.00 |
| 27.4.22  | brokerage TPW   | 21.90    |
|          | brokerage OPY   | 21.90    |
|          | BRG             | 21.90    |
| 13.4.22  | Audit fee 20/21 | 275.00   |
|          | TOTAL EXPENSES  | 1,770.70 |

Total





**ASIC**  
Australian Securities & Investments Commission

ABN 86 768 265 615

**Inquiries**  
www.asic.gov.au/invoices  
1300 300 630

PD 10/5

KAY SF PTY LTD  
ANGELA MAREE ROBERTS  
PO BOX 1383 COOLANGATTA QLD 4225

**INVOICE STATEMENT**

Issue date 15 Mar 22

KAY SF PTY LTD

ACN 632 285 253

Account No. 22 632285253

**Summary**

|                    |                |
|--------------------|----------------|
| Opening Balance    | \$0.00         |
| New items          | \$56.00        |
| Payments & credits | \$0.00         |
| <b>TOTAL DUE</b>   | <b>\$56.00</b> |

- Amounts are not subject to GST. (Treasurer's determination - exempt taxes, fees and charges).
- Payment of your annual review fee will maintain your registration as an Australian company.

*Transaction details are listed on the back of this page*

**Please pay**

|              |                |
|--------------|----------------|
| Immediately  | <b>\$0.00</b>  |
| By 15 May 22 | <b>\$56.00</b> |

*If you have already paid please ignore this invoice statement.*

- Late fees will apply if you do NOT
  - tell us about a change during the period that the law allows
  - bring your company or scheme details up to date within 28 days of the date of issue of the annual statement, or
  - pay your review fee within 2 months of the annual review date.
- Information on late fee amounts can be found on the ASIC website.



**ASIC**  
Australian Securities & Investments Commission

**PAYMENT SLIP**

KAY SF PTY LTD

ACN 632 285 253

Account No: 22 632285253



22 632285253

|                     |                |
|---------------------|----------------|
| <b>TOTAL DUE</b>    | <b>\$56.00</b> |
| <b>Immediately</b>  | <b>\$0.00</b>  |
| <b>By 15 May 22</b> | <b>\$56.00</b> |

*Payment options are listed on the back of this payment slip*



Billers Code: 17301  
Ref: 2296322852536



\*814 129 0002296322852536 42

## Change to company details

### Company details

Company name  
**KAY SF PTY LTD**  
Australian Company Number (ACN)  
**632 285 253**

### Lodgement details

Who should ASIC contact if there is a query about this form?

Name  
**ANGELA MAREE ROBERTS**  
ASIC registered agent number (if applicable)  
**36740**

### Signature

This form must be signed by a current officeholder of the company.

I certify that the information in this form is true and complete

Name

Capacity

Signature

*Neil Kay*

Neil Kay (Mar 22, 2022 12:44 GMT+11)

Date signed

## A1 Change of address

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### Company officeholder's residential address

#### Officeholder details

Given names **NEIL**

Family name **KAY**

#### Birth Details

Date of Birth **06-04-1947**

City/town of Birth **MELBOURNE**

State (if born in Australia) **Vic**

#### Address

**UNIT 109  
1 HARBOUR DRIVE  
TWEED HEADS NSW 2485  
Australia**

Effective Date **17-03-2022**

#### Officeholder details

Given names **GWENDA**

Family name **KAY**

#### Birth Details

Date of Birth **03-12-1950**

City/town of Birth **MELBOURNE**

State (if born in Australia) **Vic**

#### Address

**UNIT 109  
1 HARBOUR DRIVE  
TWEED HEADS NSW 2485  
Australia**

Effective Date **17-03-2022**

#### Officeholder details

Given names **LISA JANE**

Family name **FLOYD**

#### Birth Details

Date of Birth **11-08-1975**

City/town of Birth **MELBOURNE**

State (if born in Australia) **Vic**

#### Address

**61 DIXON STREET  
COOLANGATTA QLD 4225  
Australia**

Effective Date **17-03-2022**

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# TAX INVOICE

Kay Superannuation Fund  
Unit 124 101 Pickings Rd  
SAFETY BEACH VIC 3936

**Invoice Date**  
4 Feb 2022

**Invoice Number**  
6768

**Reference**  
2021 SMSF

**ABN**  
56 617 165 321

OOL Accounts Pty Ltd  
trading as  
UWP Accounting  
hello@uwpa.com.au  
PH : 07 5660 6461  
PO Box 6163  
YATALA DC QLD 4207

PD 27/2

| Description                                                                                                                                                                                                                               | Amount AUD                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Preparing your financial accounts for the year ended 30 June 2021 including member's statements and investment reports.                                                                                                                   | 1,200.00                  |
| Preparing and lodging your income tax return for the year ended 30 June 2021.                                                                                                                                                             |                           |
| Preparing Trustee's Minutes and Resolutions and required.                                                                                                                                                                                 |                           |
| Arranging for the independent audit of the Superannuation Fund's financial accounts and records for the year ended 30 June 2021, to ensure the Fund's compliance with the Superannuation Industry (Supervision) Act 1993 and Regulations. |                           |
|                                                                                                                                                                                                                                           | Subtotal 1,200.00         |
|                                                                                                                                                                                                                                           | TOTAL GST 10% 120.00      |
|                                                                                                                                                                                                                                           | <b>TOTAL AUD 1,320.00</b> |

**Due Date: 18 Feb 2022**

Bank details for EFT  
Bank : ANZ  
Account Name : OOL Accounts Pty Ltd  
BSI No : 014 555  
Account No : 219903466

[View and pay online now](#)

**CommSec**



Locked Bag 22 Phone 13 15 19  
Australia Square Facsimile 1300 13 15 19  
NSW 1215 Internet commsec.com.au

10 December 2021

**TAX INVOICE**

Invoice No: 20403629-003

MR NEIL ROBERT KAY + MRS GWENDA LOUISE KAY  
PO BOX 573  
COOLANGATTA QLD 4225

Dear Mr & Mrs Kay,

**Re: Account No: 2126115 Off - Market Transfer**

We have received your request to process an off market transfer(s) as detailed below :

OMT FEES @ \$54 - MPL  
Processing fee on transfer @ \$54.00  
**Total Processing fee(s) Payable \$54.00**  
**(\* All prices are GST inclusive)**

GST Amount: \$4.91

If a cheque was not attached to the Off Market Transfer form(s), a direct debit would be processed through the linked bank account.

Should you have any queries regarding this matter, please contact our Customer Service staff on 13 15 19 between 8 am and 7 pm (Sydney time), Monday to Friday.

Yours sincerely,

Conversion Department

ES Service Delivery

# medibank

For Better Health

Medibank Private Limited  
ABN 47 080 890 259

003623 000 MPL



NEIL ROBERT KAY  
<KAY SUPER FUND A/C>  
UNIT 124 101 PICKINGS ROAD  
SAFETY BEACH VIC 3936

## Update your information:

 **Online:**  
[www.investorcentre.com](http://www.investorcentre.com)

 **By Mail:**  
Computershare Investor Services Pty Limited  
GPO Box 1663 Melbourne  
Victoria 3001 Australia

**Enquiries:**  
(within Australia) 1800 998 778  
(international) +61 3 9415 4011

## Securityholder Reference Number (SRN)

**SRN WITHHELD**

**Important:** You will need to quote this number and name of issuer for all future dealings in these securities. Keep it safe and confidential.

Tax File Number/ABN: Not quoted  
Page Number: 1 of 1

Incorporated in Australian Capital Territory

ASX code: MPL

Security class: ORDINARY FULLY PAID SHARES

## Issuer Sponsored Holding Statement as at 31 December 2021

| te         | Transaction Type | Registry Reference | Quantity On | Quantity Off | Holding Balance |
|------------|------------------|--------------------|-------------|--------------|-----------------|
|            |                  | OPENING BALANCE    |             |              | 4550            |
| 09/12/2021 | TRANSFER         | 1892/16542101      |             | 4550         | 0               |
|            |                  | CLOSING BALANCE    |             |              | 0               |

The Australian Taxation Office advises you to keep this statement as a permanent record. Disposal of securities by Australian residents may result in Capital Gains Tax. If you would like a copy of "Guide to Capital Gains Tax", published by the ATO, please go to [www.ato.gov.au](http://www.ato.gov.au).

The closing balance shown in this statement is that recorded on the register at the close of business on the statement date. **The closing balance on this statement may not be the current holding balance.** Neither the security issuer nor the registrar will be liable for any financial loss incurred by a securityholder who relies on the balance shown without making their own adjustments for any transactions which have yet to be registered. **Please keep this statement for future reference. A fee may be charged for replacement.**

# OFF MARKET TRANSFER FORM

**Commonwealth Securities Limited**  
 ABN 60 067 254 399 AFSL 238814 (CommSec)  
 A Participant of the ASX Group and Chi-X Australia

**Commonwealth Securities Limited**  
 commsec.com.au  
 Phone: 13 15 19  
 Email: [OMTRequests@CommSec.com.au](mailto:OMTRequests@CommSec.com.au)

## SECTION A – SELLER(S)/TRANSFEROR(S) DETAILS

A

1. Account registration name (Full Name, Company Name or Name of Estate – exactly as per holding registration details)  
 NEIL ROBERT KAY

A/C Designation\* (if applicable for your Trust account)  
 KAY SUPER FUND A/C

2. Registered address  
 UNIT 124 101 PICKINGS RD SAFETY BEACH State VIC Postcode 3936

3. Contact Details (Seller)  
 Home Number (include area code where applicable) Mobile Number  
 043 959 0096

4. PID (if applicable) 5. Trading Account Number (if applicable) 6. SRN ( )  or HIN (x) (please tick)  
 Number 10842536413

## SECTION B – BUYER(S)/TRANSFeree(S) DETAILS

B

7. Account registration name (Full Name, Company Name or Name of Estate – exactly as per holding registration details)  
 NEIL ROBERT KAY & GWENDA LOUISE KAY

A/C Designation\* (if applicable for your Trust account)  
 KAY SUPER FUND A/C

8. Registered address  
 PO BOX 573 COOLANGATTA State QLD Postcode 4225

9. Contact Details (Buyer)  
 Home Number (include area code where applicable) Mobile Number  
 043 959 0096

10. PID (if applicable) 11. Trading Account Number (if applicable) 12. SRN ( ) or HIN (x)  (please tick)  
 Number X 0033920431

## SECTION C – SECURITY DETAILS

C

13. Security Name MEDIBANK PRIVATE LIMITED 14. ASX Code MPL

15. Full description of securities CLASS (e.g. fully paid, partly paid) If not fully paid, paid to  
 ORDINARY

16. Units In numbers In words  
 4550 FOUR THOUSAND FIVE HUNDRED & FIFTY

17. Consideration SA 18. Date of Transfer 6/12/2021

## SECTION D – SIGNATURES

D

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 subject 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. Print full name(s) of Seller(s)<br>All Seller(s) must sign here<br>(digital signatures not accepted) | Security Holder 1<br>NEIL ROBERT KAY<br>N. Kay | Security Holder 2                                | Security Holder 3 |
| 20. Date Signed (mandatory)                                                                              | 6/12/2021                                      |                                                  |                   |
| 21. Print full name(s) of Buyer(s)<br>All Buyer(s) must sign here<br>(digital signatures not accepted)   | Security Holder 1<br>NEIL ROBERT KAY<br>N. Kay | Security Holder 2<br>GWENDA LOUISE KAY<br>G. Kay | Security Holder 3 |
| 22. Date Signed (mandatory)                                                                              | 6/12/2021                                      | 6/12/2021                                        |                   |