STANDARD TRANSFER FORM

IMPORTANT NOTE: APPROVAL OF ANY TRANSFER OF SHARES IN SOUTH AUSTRALIAN PRODUCE MARKET LTD. IS SUBJECT TO CERTAIN CONDITIONS AND LIMITATIONS SPECIFIED IN THE COMPANY'S CONSTITUTION. BEFORE PAYING FOR SHARES THE TRANSFEREE/BUYER SHOULD ENSURE THAT THE COMPANY HAS FORMALLY APPROVED THE TRANSFER.

FULL NAME OF COMPANY OR CORPORATION	**SOUTH AUSTRALIAN PRODUCE MARKET LIMITED** ABN 49 008 129 566
DESCRIPTION OF SECURITIES	Class
QUANTITY	Words Figures
FULL NAME(S) OF TRANSFEROR(S) [SELLER(S)]	Company Name or Full Name(s) (PLEASE USE BLOCK LETTERS)

CONSIDERATION		Date of Purchase ...../...../.......

FULL NAME(S) OF TRANSFEREE(S) [BUYER(S)]	Company Name or Full Name(s) (PLEASE USE BLOCK LETTERS)
FULL ADDRESS OF TRANSFEREE(S) [BUYERS(S)]	
DECLARATION	Pursuant to the Oaths Act 1936 the Buyer solemnly and sincerely declares that under the Company's Constitution, the Buyer is a ☐ Grower ☐ Wholesaler ☐ Retailer ☐ Unclassified Place "x" in appropriate box(es) Declared by the Buyer .... Buyer's signature Buyer's signature Buyer's signature Witness: ……………………………….. JP/Solicitor/Proclaimed member of Police Force
CLASSIFICATION (IF APPLICABLE)	The Buyer instructs the Company to classify the purchased Shares as follows (Shares can only be classified in a class or classes for which the Buyer is eligible). If the Buyer is not a Grower, Wholesaler or Retailer as defined in the Company's Constitution their Shares will be designated as Unclassified. No of Shares …………………… Class ………………………………………….. No of Shares …………………… Class ………………………………………….. No of Shares …………………… Class …………………………………………..

I\We the registered holder(s) and undersigned seller(s) for the above consideration do hereby transfer to the abovenamed Buyer(s) the securities as specified above standing in my/our name(s) in the books of the abovenamed 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 granted or otherwise, under which this transfer is signed.

TRANSFEROR(S) [SELLER(S)] **SIGN HERE -->**		FOR COMPANY USE
DATE SIGNED	...../...../.......	
TRANSFEREE(S) [BUYER(S)] **SIGN HERE -->**		
DATE SIGNED	...../...../.......	