

10 March 2015

Dear Shareholder,

**Keybridge Capital Limited 2015 Interim Dividend Announcement**

On 27 February 2015, the Board of Keybridge Capital Limited announced the 2015 interim results and the payment of a fully franked interim dividend of 0.25 cents per share on your holding of ordinary shares at the record date of 12 March 2015.

There are currently two methods available to shareholders by which they can nominate to receive their dividends:

- By direct credit to a nominated Australian Financial Institution Account; or
- Participation in the Dividend Reinvestment Plan (DRP). Shareholders considering participation in the DRP should read the DRP Information booklet located on Keybridge Capital's website at [www.keybridge.com.au](http://www.keybridge.com.au) or request a copy from RegistryDirect.

If you do not nominate a payment method, your dividend will be withheld until you provide bank account details.

To update your payment method and other details such as your tax file number and email address, please go online at <https://www.registrydirect.com.au/investor/login>. Alternatively, enclosed with this letter are a Direct Credit Authority form and DRP Election notice.

Please complete the form/s and return to:

Registry Direct  
PO Box 18366  
Collins Street East VIC 8003

If you have any questions, please contact Registry Direct on 1300 55 66 35 within Australia or on +61 3 9020 7934 from outside Australia or by email to [keybridge@registrydirect.com.au](mailto:keybridge@registrydirect.com.au).

Thank you for your continued investment in Keybridge Capital Limited.

Yours faithfully,



Adrian Martin  
**Keybridge Capital Limited**

Company, Trust, Warrant or Product in which investment is held

Full Name(s) of Registered Holding

  

Account Designation

Registered Address

  
  
 Postcode 

Securityholder Reference Number (SRN)  
Or Holder Identification Number (HIN)

**A**

## REQUEST FOR DIRECT CREDIT OF PAYMENTS

Please use a BLACK pen. Print CAPITAL letters inside the combed boxes below.

Insert details of your Australian Financial Institution, Branch and Account into which you wish to have your payments made. This request will not cancel any reinvestment plan participation (if any) unless we receive specific instructions from you. A detailed payment advice will be provided for each payment.

A direct credit request form is required for each holding.

Name(s) in which your account is held

BSB Number (must be 6 digits)

Account Number

Name of Financial Institution

Branch Suburb/Town

**B**

## SIGNATURE(S) OF SECURITYHOLDER(S) – THIS MUST BE COMPLETED

Securityholder 1 (Individual)

Joint Securityholder 2 (Individual)

Joint Securityholder 3 (Individual)

Sole Director and Sole Company  
Secretary/Director

Director/Company Secretary

**Signing Instructions:** This form should be signed by the securityholder. If a joint holding, all securityholders should sign. If signed by the securityholder's attorney, the power of attorney must have been previously noted by the registry or a certified copy attached to this form. If executed by a company, the form must be executed in accordance with the company's constitution and the *Corporations Act 2001* (Cth) (or for New Zealand companies, the *Companies Act 1993*).

Date

**Privacy Clause:** Registry Direct advises that Chapter 2C of the *Corporations Act 2001* requires information about you as a securityholder (including your name, address and details of the securities you hold) to be included in the public register of the entity in which you hold securities. Information is collected to administer your securityholding and if some or all of the information is not collected then it might not be possible to administer your securityholding. Your personal information may be disclosed to the entity in which you hold securities. You can obtain access to your personal information by contacting us at the address or telephone number shown on this form. Our privacy policy is available on our website ([www.registrydirect.com.au](http://www.registrydirect.com.au)).

Company, Trust, Warrant or Product in which investment is held

Full Name(s) of Registered Holding

  


Account Designation

Registered Address

  
  


Postcode

 Securityholder Reference Number (SRN)  
 Or Holder Identification Number (HIN)

**A**
**DIVIDEND REINVESTMENT PLAN INSTRUCTION FORM**

 Please use a **BLACK** pen. Print **CAPITAL** letters inside the combed boxes below.



 Where a choice is required,  
 mark the box with an 'X'

This form is to be completed where the shareholder wishes to apply, amend or cancel their payments to be reinvested under the rules of the Dividend Reinvestment Plan (the 'DRP').

The DRP enables eligible shareholders to re-invest dividends to which the DRP applies in additional Company shares. The Company Board will determine whether the DRP applies with respect to each dividend at the time it considers the declaration of that dividend. Company will announce whether the DRP applies with respect to a dividend at the same time as that dividend is announced.

I/We being the above named holder of registered shares wish to participate (or cease participating) in the DRP as indicated below.

I/We authorise the application of my/our dividend payment with respect to the number of shares participating in the DRP to the allocation of additional shares at the price provided in, and subject to the rules of, the DRP.

I/We hereby agree to be bound by the rules of the DRP.

I/We acknowledge that I/we may vary or cancel my/our participation in the DRP, in accordance with the rules of the DRP and that my/our instructions below will cancel any earlier DRP instructions and take priority over any direct credit instructions.

Degree of Participation (cross appropriate box):

**FULL PARTICIPATION**

— Please mark this box with an 'X' if you wish all of your holding to participate in the company's DRP.

or

**PARTIAL PARTICIPATION**

Please specify the number of shares to participate in the DRP.

or

**CANCEL PARTICIPATION**

— If you wish to cancel your DRP participation.

**B**
**SIGNATURE(S) OF SHAREHOLDER(S) – THIS MUST BE COMPLETED**

Shareholder 1 (Individual)

 Sole Director and Sole Company  
 Secretary/Director

Joint Shareholder 2 (Individual)

Director/Company Secretary

Joint Shareholder 3 (Individual)

**Signing Instructions:** This form should be signed by the shareholder. If a joint holding, all shareholders should sign. If signed by the shareholder's attorney, the power of attorney must have been previously noted by the registry or a certified copy attached to this form. If executed by a company, the form must be executed in accordance with the company's constitution and the *Corporations Act 2001* (Cth) (or for New Zealand companies, the *Companies Act 1993*).

Date

**Privacy Clause:** Registry Direct advises that Chapter 2C of the *Corporations Act 2001* requires information about you as a shareholder (including your name, address and details of the shares you hold) to be included in the public register of the entity in which you hold shares. Information is collected to administer your shareholding and if some or all of the information is not collected then it might not be possible to administer your shareholding. Your personal information may be disclosed to the entity in which you hold shares. You can obtain access to your personal information by contacting us at the address or telephone number shown on this form. Our privacy policy is available on our website ([www.registrydirect.com.au](http://www.registrydirect.com.au)).