

ABN 43 002 724 334

APPLICATION AND VARIATION NOTICE

If you wish to apply for or vary your participation in the Clarius Group Limited Dividend Reinvestment Plan at any time, please complete this Notice and send it to the Company's share registry at the return address shown in 'D' below.

A. SHAREHOLDER DETAILS

PLEASE PRINT DETAILS EXACTLY AS SHOWN ON CORRESPONDENCE FROM THE COMPANY

Mr/Mrs/Miss/Ms

Name _____

Address _____

City/Suburb _____ State _____ Postcode _____

Country (if other than Australia) _____

Telephone number during business hours (optional) _____

Email Address: _____

Issuer Sponsored Shareholder's Reference Number **or** Uncertificated Shareholder's SCH Holder Identification Number (HIN)

B. PARTICIPATION OR TERMINATION

If FULL Participation is required indicate by ticking the box DO NOT answer any further questions.

If PARTIAL Participation is required insert the number of Shares you would like to participate in the DRP. _____
 The dividend on the balance will be paid in cash.

If PARTIAL Participation is required, for shares allotted under the DRP in future dividends do you want those shares to participate in the DRP? (Please tick appropriate box) Y N

C. THIS NOTICE IS NOT VALID UNLESS IT IS SIGNED

Each joint holder must sign. Companies must execute under seal or by an authorised officer or attorney. If signed by an attorney, the relevant authority must either have been exhibited previously to the Company or must accompany the notice.

I/We agree to be bound by the Terms and Conditions of the Clarius Group Limited Dividend Reinvestment Plan.

Director

Director / Secretary

Dated this _____ day of _____ 20 _____

D. RETURN ADDRESS

If required, this Notice should be completed, signed and returned to:

Computershare Investor Services

Level 4, 60 Carrington Street

Sydney NSW 2000

Postal Address: GPO Box 2975, Melbourne VIC 3001

Toll Free: 1300 850 505

T: +613 9415 4000

F: +613 9473 2500