

Direct Debit Request

Form of request for debiting amounts to accounts by the direct debit system

To: Caltex Australia Petroleum Pty. Ltd. (User Identification No. 001518)

Level 24, 2 Market Street,

SYDNEY, NSW, 2000

(referred to as "you")

Trading Account Number

Dear Sir/Madam,

I/We, [Full name(s) of customer(s)]

or [Name of company]

(ABN

) (ACN

Telephone contact

hereby authorise(s) and request(s) you, until further notice in writing, to debit from the account described in the schedule below, any amount which you may debit or charge me/us/it through the Direct Debit system administered by Australian Payments Clearing Association Limited.

Title of Account:

Name of Bank:

Address of Bank:

BSB Number:

Account Number:

The Schedule

* Before signing this document, please read the terms and conditions set out in the attached Direct Debit Service Agreement. Once this document is signed, the signatory is bound by those terms and conditions.

FOR INDIVIDUALS

SIGNED by:

at

Signature

Date

In the presence of

Witness Name

Witness Signature

Date

SIGNED by

at

Signature

Date

In the presence of

Witness Name

Witness Signature

Date

FOR COMPANIES

SIGNED for and on behalf of

at

by its authorised officer

Signature

Date

In the presence of

Witness Name

Witness Signature

Date