



PLEASE PRINT YOUR NAME AND ADDRESS IN CAPITALS

Enquiries:

(within Australia) 1300 558 062
(international) 61 3 9415 4631
Facsimile 61 3 9473 2500

Please enter SRN/HIN in boxes below:

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Dividend Investment Plan (DIP) - Application/Notice of Variation/Termination

Use a black pen.
Print in CAPITAL letters
inside the grey areas.

A	B	C
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1	2	3
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Where a choice is required,
mark the box with an 'X'

X

A	I/We elect to participate in the DIP as follows:										
<table border="1"><tr><td>X</td></tr></table>	X	FULL PARTICIPATION ORDINARY SHARES	Mark this box if you wish all of your fully paid ordinary shares to participate in the DIP.								
X											
B	OR										
<table border="1"><tr><td>X</td></tr></table>	X	IMPORTANT: If you choose partial participation, you must only show either the number OR the percentage of your shareholding that you wish to participate.									
X											
	PARTIAL PARTICIPATION ORDINARY SHARES	Mark this box and show the number of your fully paid ordinary shares that you wish to participate in the DIP.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
		OR									
		Specify the percentage of your fully paid ordinary shares that you wish to participate in the DIP.	<table border="1"><tr><td></td><td></td><td>%</td></tr></table>			%					
		%									
C	<table border="1"><tr><td>X</td></tr></table>	X	TERMINATION ORDINARY SHARES	If you already participate in the DIP, mark this box if you wish to terminate your participation in the DIP for fully paid ordinary shares.							
X											

D	Sign Here - This section <u>must</u> be signed for your instructions to be executed.												
I/We authorise you to act in accordance with my/our instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions in respect to my/our shares. I/we hereby agree to be bound by the Terms and Conditions of the DIP.													
Individual or Securityholder 1	Securityholder 2	Securityholder 3											
<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>									
Director	Director/Company Secretary	Sole Director and Sole Company Secretary											
<p>Note: When signed under Power of Attorney, the attorney states that they have not received a notice of revocation. Computershare Investor Services Pty Limited needs to sight a certified copy of the Power of Attorney.</p>		<p>Date - Day Month Year</p> <table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td> </tr> </table>				/			/				
		/			/								

How to complete this form

A Complete Section A if you wish to have your cash dividends on your Wesfarmers fully paid ordinary shares invested in the form of more Wesfarmers fully paid ordinary shares.

Please note that an election for full participation in the DIP will override any instruction on the registry record regarding direct payment of cash dividends into a nominated account.

B If you only wish to participate in the DIP in respect of part of your shareholding in Wesfarmers fully paid ordinary shares, please show the number of shares in figures OR the percentage of your shareholding that you wish to participate in the DIP.

C If you already participate in the DIP and you wish to terminate your participation in the DIP for fully paid ordinary shares then the relevant shareholding will be paid in the dividend by cash via direct credit to the financial institution in Australia, New Zealand or the United Kingdom as per your instructions or cheque payment if your registered address is outside these countries.

Note: This instruction only applies to the specific holding identified by the SRN/HIN and the name appearing on the front of this form.

By applying to participate in the DIP or in any way terminate your participation in the DIP, you acknowledge that neither Wesfarmers Limited nor Computershare Investor Services Pty Limited have provided any investment or financial product advice in relation to your participation in or termination of participation in the DIP.

D

If you have completed Section A, B or C, you must sign this form in Section D as follows in the spaces provided:-

Joint Holding:	where the holding is in more than one name, all of the shareholders must sign.
Power of Attorney:	to sign under Power of Attorney, you must have already lodged the Power of Attorney with the registry. If you have not previously lodged the Power of Attorney for notation, please attach a certified photocopy to this form when it is returned.
Companies:	where the company has a Sole Director who is also the Sole Company Secretary, this form must be signed by that person. If the Company (pursuant to section 204A of the Corporations Act 2001) does not have a Company Secretary, a Sole Director can also sign alone. Otherwise this form must be signed by a Director jointly with either another Director or a Company Secretary. Please indicate the office held by signing in the appropriate place.

Please return the completed form in the envelope provided, or to the address opposite:

Computershare Investor Services Pty Limited
GPO Box 2975
Melbourne Victoria 3001
Australia

