

ASIC registered agent number _____
lodging party or agent name EMBELTON LIMITED
office, level, building name or PO Box no. _____
street number and name 147-149 BAKERS ROAD
suburb / city COBURG state/territory VIC postcode 3058
telephone (03) 9353 4811
facsimile () _____
DX number _____ suburb / city _____

ASS. ☐	REQ-A ☐
CASH. ☐	REQ-P ☐
PROC. ☐	

Australian Securities & Investments Commission

form 315

Notification of
resignation, removal or cessation
of auditor

Corporations Act 2001
319(5)(a), 324(1) & (2), 327(4) & (15),
329(11)(c), 330

Company name EMBELTON LIMITED
A.C.N. 004 401 496

Details of company
(tick one box)

☒ public company



proprietary company

Details of resignation,
removal or cessation

☒ notice was received of the resignation of the auditor/s
date of receipt of notice of resignation (d/m/y)

29/4/2026

☐ the auditor/s was/were removed from office
date of removal (d/m/y)

/ /

☐ the auditor is deceased
date of death (d/m/y)

/ /

☐ the auditor has been disqualified for reasons specified under section 324(1) or (2) of the Corporations Act 2001
date of disqualification (d/m/y)

/ /

☐ the company is being wound up (refer section 330 of the Corporations Act 2001)
date of resolution or date of Court Order (d/m/y)

/ /

☐ the company has become a subsidiary of another company (refer subsection 327(15) of the Corporations Act 2001)
retired at AGM held (d/m/y)

/ /

Details of resigning auditors

name (family & given names)

or if a firm, business name

JTP ASSURANCE

office, level, building name

street number & name

LEVEL 5, 485 LA TROBE STREET

suburb/city

MELBOURNE

state/territory

VIC

postcode

3000

name (family & given names)

or if a firm, business name

office, level, building name

street number & name

suburb/city

state/territory

postcode

Signature

I certify that the information in this form is true and complete.

print name

EGONIO BALCADO

capacity

COMPANY SECRETARY

sign here



date

4/5/2020