

ASIC registered agent number _____
 lodging party or agent name Hean Siew, Company Secretary
 office, level, building name or PO Box no. _____
 street number and name 151 Riverview Street
 suburb / city Riverview state/territory NSW postcode 2066
 telephone (04) 32 654 331
 facsimile () _____
 DX number _____ suburb / city _____

	ASS. <input type="checkbox"/>	REQ-A <input type="checkbox"/>
	CASH. <input type="checkbox"/>	REQ-P <input type="checkbox"/>
	PROC. <input type="checkbox"/>	

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 Ascend Group Limited
 A.C.N. 114 162 631

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) _____ / _____ / _____
- the auditor/s was/were removed from office
 date of removal (d/m/y) 16 / 07 / 2010
- 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 Duncan Dovico Chartered Accountants
 office, level, building name Level 4
 street number & name 5 - 9 Harbour Crescent
 suburb/city Milsons Point state/territory NSW postcode 2061

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 Hean Siew capacity Company Secretary

sign here  date 16 / 07 / 10