



**TABCORP Holdings Limited**  
ACN 063 780 709

5 Bowen Crescent  
Melbourne Australia 3004  
GPO Box 1943R  
Melbourne Australia 3001

Telephone 61 3 9868 2137  
Facsimile 61 3 9868 2726

Message  
Priority

**URGENT**

STANDARD

ATT	Company Announcements Office
COMPANY	Australian Stock Exchange
FAX	1300 300 021

FROM	Peter Caillard
DATE	30/12/02
PAGES	2 (including cover)

**Australian Securities & Investments Commission  
Form 284 –Share Cancellation**

I confirm that the attached Form 284 has been lodged with ASIC on behalf of TABCORP Holdings Limited.

Regards

Peter Caillard  
General Counsel & Company Secretary

Attachment.

**PLEASE CONTACT SENDER IF ALL PAGES ARE NOT RECEIVED**

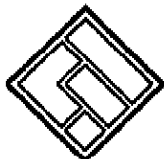
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ASIC registered agent number

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**lodging party or agent name** Peter Caillard  
 office, level, building name or PO Box no. TABCORP Holdings Limited  
 street number & name 5 Bowen Crescent  
 suburb/city MELBOURNE state/territory VIC postcode 3004  
 telephone ( 03 ) 9868 2112  
 facsimile ( 03 ) 9868 2726  
 DX number \_\_\_\_\_ suburb/city \_\_\_\_\_

ASS. CASH. PROC.	<input type="checkbox"/>	REQ-A REQ-P	<input type="checkbox"/>
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Australian Securities & Investments Commission

Notification of **share cancellation**

Form **284**

Corporations Act 2001  
 254Y, 254J, 256A - 256E, 257H(3), 258D, 258E(2) & (3)

Company name TABCORP Holdings Limited  
 ACN 063 780 709

**Shares cancelled under which provision**

(tick box applicable)

s.254J Redeemable preference shares  redeemed out of profits  
 redeemed out of proceeds of a fresh issue of shares

s.256A-s.256E Capital reduction

ss.257H(3) Shares a company has bought back

s.258D Forfeited shares

ss.250C(2) & (3) Shares returned to a company  under section 661C, 724(2), 737, or 738  
 under section 1325A (court order)

other, give sect'n ref  \_\_\_\_\_ (description) \_\_\_\_\_

**Details of shares cancelled**

Number of Shares	Class of Shares	Consideration Paid (total)
372,420	Ordinary	\$3,886,016

Date of registration of cancellation 27 / 12 / 02 or period of cancellation from / / to / /

**Signature**

I certify that the information on this form is true and correct.

print name Peter Caillard capacity Company Secretary

sign here *Peter Caillard* date 30 / 12 / 2002

Small Business (less than 20 employees), please provide an estimate of the time taken to complete this form

**Include**

- The time actually spent reading the instructions, working on the question and obtaining the information
- The time spent by all employees in collecting and providing this information

hrs mins