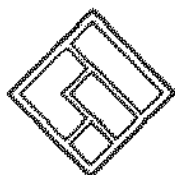


ASIC registered agent number 20463
 lodging party or agent name WESFARMERS LIMITED
 office, level, building name or PO Box no. 11TH FLOOR, WESFARMERS HOUSE
 street number and name 40 THE ESPLANADE
 suburb/city PERTH state/territory WA postcode 6000
 telephone (08) 9327 4211
 facsimile (08) 9327 4216
 DX number _____ suburb/city _____

ASS.	<input type="checkbox"/>	REG-A	<input type="checkbox"/>
CASH.	<input type="checkbox"/>	REG-P	<input type="checkbox"/>
PRDC.	<input type="checkbox"/>		



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 WESFARMERS LIMITED
 ACN 008 984 049

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.258E(2) & (3) Shares returned to a company
 under section 651C, 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)
300,000	ORDINARY	\$ 7,407,810.00
440,000	ORDINARY	\$10,764,292.00
100,000	ORDINARY	\$ 2,402,000.00
300,000	ORDINARY	\$ 7,260,000.00
217,278	ORDINARY	\$ 5,146,772.63
281,389	ORDINARY	\$ 6,564,580.26
2,000	ORDINARY	\$ 46,600.00

Date of registration of cancellation / / or period of cancellation from 6 / 3 / 03 to 17 / 3 / 03

Signature

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

print name LINDA JAYNE KENYON capacity SECRETARY

sign here  date 26 / 3 / 2003

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 _____