

DATE	TYPE	DOCUMENT No.	ORIGINAL AMOUNT	OUTSTANDING AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
11/11/2013	INV	NWE-11.11.13	10,002.15	10,002.15	0.00	10,002.15
TOTAL						\$10,002.15

For a more timely and efficient payment please email your company details including vendor number, BSB and Account numbers to ap.vendorcreations@healthscope.com.au

CHEQUE NUMBER: 654766
 DATE: 11/11/2013
 AMOUNT: \$ 10,002.15
 REF:

NORWEST ASSOCIATION LIMITED
SUITE 402
5 CELEBRATION DRIVE
BELLA VISTA NSW 2153



**Australia and New Zealand
 Banking Group Limited**

324 QUEEN ST
 BRISBANE QLD

654766

PAY: NORWEST ASSOCIATION LIMITED

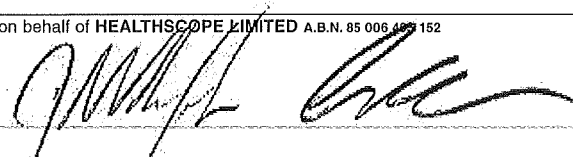
DATE 11/11/2013

THE SUM OF TEN THOUSAND TWO DOLLARS AND FIFTEEN CENTS

\$ *****10,002.15

NOT
 NEGOTIABLE
 A/C PAYEE
 ONLY

For and on behalf of HEALTHSCOPE LIMITED A.B.N. 85 006 409 152



SECURITY FEATURE IN THIS CHEQUE IS A MICROPRINTED SIGNATURE LINE. THE ABSENCE OF WHICH COULD INDICATE A FRAUDULENT CHEQUE