

ASIC registered agent number _____
lodging party or agent name Provet Holdings Ltd
 office, level, building name or PO Box no. PO Box 3910
 street number and name _____
 suburb / city Northgate state/territory Qld postcode 403
 telephone (07) 3621 6000
 facsimile (07) 3621 6084
 DX number _____ suburb / city BRISBANE

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



Australian Securities & Investments Commission

form **1003**

Disclosure notice for unlisted disclosing entity
 (to be lodged as soon as practicable after the disclosing entity becomes aware of the information)

ASCOT 7053
 Corporations Act 2001
 1001B(1)

Disclosing entity

Please complete A, B or C.

A a company

name Provet Holdings Limited
 A.C.N. 092 593 774

B a body (other than a company)

name _____
 A.R.B.N. _____

C a prescribed interest undertaking

name _____
 ASIC prescribed interest number _____

Details of information

date that the disclosing entity became aware of the information 4 / 9 / 09

full information (if insufficient space please use an annexure)

Trading of Provet Holdings Limited shares has been suspended from 7th September 2009 while the company completes preparation of the 2009 Annual Financial Report. It will remain in place until the Report is lodged with ASIC which is expected to be on the 22nd September 2009.

Declaration

- I verify that the attached document marked () is the original document.
- I certify that the attached document marked () is a true copy of the original document.

Signature

This form is to be signed by:

if a company or a body a director or secretary or the equivalent
 if a prescribed interest undertaking a director or secretary of the management company or trustee company acting in that capacity
 name of management _____
 or trustee company _____
 ACN or ARBN _____
 name of person signing (print) Chris Lowndes capacity Company Secretary

sign here

Chris Lowndes

date 4 / 9 / 09

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

DISCLOSURE NOTICE