



Dominion Mining Limited
A.C.N. 000 660 864

Registered Office:
15 Outram Street
West Perth W.A. 6005
AUSTRALIA

Postal Address:
P.O. Box 465
West Perth W.A. 6872
AUSTRALIA
Phone: (+61 8) 9426 6400
Fax: (+61 8) 9481 1378

9 September 2009

Announcements Officer
Australian Securities Exchange

Pursuant to ASX Listing Rule 3.17 attached is a letter dated 9 September 2009 sent to shareholders.

Ross A Coyle
Company Secretary



DOMINION MINING LIMITED
ABN 37 000 660 864

09 Sep 2009

Registries

All correspondence to
Registries Limited
ABN 14 003 209 836
GPO Box 3993
Sydney NSW 2001

Tel: + 61 2 9290 9600
Fax: + 61 2 9279 0664

www.registries.com.au
registries@registries.com.au

InvestorServe PIN

Dear Shareholder,

ANNUAL REPORT Legislation permits companies to provide annual reports to shareholders through a website rather than in hard copy.

Shareholders who wish to continue to receive a printed copy can request the Company to send them one or request an email notification of the availability of the annual report online. Meeting notices and proxy forms will continue to be sent by post.

We encourage shareholders to access these documents online as this not only reduces costs to the Company but also provides benefits to the environment.

By following the instructions on the enclosed form you can:

- provide an email address and we will advise you by email when the annual report is available online; or
- instruct us that you wish to receive a printed copy of the annual report.

If you take no action you will no longer receive a printed annual report.

You may change your communication preferences at any time. You can do this by advising Registries Limited by phone or in writing or, logon to their website and through InvestorServe update your preference electronically by clicking on the update details tab and selecting communication. You can also view details of your holding such as transaction history, dividend payments and update your bank account and TFN details online.

To logon to InvestorServe please go to www.registries.com.au and follow the link to InvestorServe. **If you are a first time user you will need to enter the PIN number provided above** as well as your Shareholder Reference Number (SRN), or your Holder Identification Number (HIN). These numbers can be found on your holding statements. You can also create your own InvestorServe Account which allows you to login using just an account name and password created by yourself.

Direct payment of dividends

These can only be made to an Australian bank, credit union or building society.

If you want your dividends to be paid directly into a nominated account, please complete the section on the form attached to this letter.

Tax File Numbers, ABN or Exemptions

If you wish to provide your TFN, ABN or Exemption please complete the section on the form attached to this letter.

If you have any questions, please do not hesitate to contact Registries Limited.

Yours Sincerely

Ross A Coyle
Company Secretary



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Annual Report Election

Option 1

Register to receive email notification when the Annual Report is available online.

Visit www.registries.com.au and click on the link for InvestorServe to register your email address and manage your communication preferences. Or you can enter your email address below and return this form to GPO Box 3993, Sydney NSW 2001.

<input type="text"/>
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Option 2

Elect to receive a printed version of the Annual Report.

Visit www.registries.com.au and click on the link for InvestorServe to register and manage your communication preferences. Or, tick the box below and return this form to GPO Box 3993, Sydney NSW 2001.

I wish to receive my annual report.



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Direct payment of dividends

If you want your dividends to be paid directly into a nominated account, please complete the section below.

If you change your account for some reason please notify the Registry immediately.

If you do not complete this section or this notice is incomplete, unsigned or invalid in any way, you will continue to receive your dividends by cheque.

Neither the Company nor the Registry will be responsible for any delays in payments being credited to your nominated account as a result of transaction procedures, errors or delays by any financial institution.

This instruction for your dividend or interest to be paid directly into your account only applies to the specific holding appearing on this form.

If your securities are held in joint names, all holders must sign.

If you are signing as an Attorney then the Power of Attorney must have either been noted by the Registry or be duly stamped and accompany this form when lodging it with the Registry. Only duly authorised officers of a Company can sign on behalf of a Company and you must state the office held by the signatory (eg. Director, Secretary).

Request for Direct Crediting of Payments by Electronic Funds Transfer

Please credit all distribution payments from the above holding directly to our account at the following Australian financial institution:



DO NOT USE YOUR CARD NUMBER

If you are unsure of your BSB or account number, please check with your bank, building society or credit union.

BSB Number

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Account Number

Name in which account is held

Name of Australian bank or financial institution

Name of branch or suburb or town

Type of account (eg: cheque, savings)

Contact Name

Phone Number - Business Hours

Phone Number - After Hours

Sign Here - This section must be signed for your instructions to be executed

I/We authorise you to act in accordance with my/our instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions relating to distribution payments to which I/we am/are entitled to be paid, but do not override any previous Reinvestment Plan instructions.

Individual or Securityholder 1

**Sole Director and
Sole Company Secretary**

Securityholder 2

Director

Securityholder 3

Director/ Company Secretary

Day Month Year

 / /

Individual:
 Joint Holding:
 Power of Attorney:
 Companies:

This form is to be signed by the securityholder.
 Where the holding is in more than one name, all of the securityholders must sign.
 To sign as Power of Attorney, you must have already lodged it with the registry.
 Alternatively, attach a certified photocopy of the Power of Attorney to this form.
 Two Directors, Director & Company Secretary, or Sole Director and Sole Company Secretary can sign.
Please indicate the office held by signing in the appropriate space.



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Tax File Numbers, ABN or Exemptions

Complete this section if you wish to provide your TFN, ABN or Exemption. Collection of TFN and ABN information is authorised by the Tax Legislation and its use and disclosure is strictly regulated by the Tax Legislation and Privacy Act.

It is not an offence to choose not to provide your TFN, ABN or Exemption, however if you do not, tax may be deducted from any unfranked portion of your dividends at the highest marginal rate.

If you are exempt, provide the appropriate exemption code from the following list:

<u>Description</u>	<u>Exemption Code</u>
Age Pension, Invalid Pension, Service/Veteran's Pension, Carer's Pension, Rehabilitation Allowance, Sole Parent's Pension	00444444441
Widow's Pension, Other Pension, Special Benefit	00444444442
Non-Profit Organisation	00555555555
Investors in the business of providing consumer or business finance	00666666666
Norfolk Island residents	00777777777

Notification of TFN, ABN or Exemption Code

Securityholders may provide Tax File Number (TFN) or, where appropriate, Exemption Code information in the spaces below. Alternatively, where the securities are held for business purposes an Australian Business Number (ABN) can be provided. There is no obligation to provide a TFN, ABN or Exemption Code. However, if none is provided, tax at the highest marginal rate is required to be deducted from any interest payment or the unfranked portion of any dividend or distribution payment.

TFN of Individual (Securityholder 1)

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Name 1 (Full Name)

Securityholder 1 Exemption Details

Mark this box with an 'X' if Exemption applies and write the Exemption Number in the space provided.

Securityholder 2 Exemption Details

Mark this box with an 'X' if Exemption applies and write the Exemption Number in the space provided.

TFN of Individual (Securityholder 2)

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Name 2 (Full Name)

Exemption Number

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Exemption Number

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TFN of Company, Partnership, Trust or Super Fund

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Company

Partnership

ABN of Company, Partnership, Trust or Super Fund

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Trust

Super Fund