Client Change of Address, Email or Phone Number

Country: New Zealand

Please note: This form only applies to clients changing their contact details or address within New Zealand. If you are changing your name, IRD number, tax details, or moving to another country, please use the 'Client Change of Details' form. Once completed, please send this form to Client Maintenance, Forsyth Barr, Private Bag 1999, Dunedin 9054. Please note, an original copy of this form is required for processing.

	Current Account Details			
Account Number: Please note your Forsyth Barr account number can be up to ten characters long.	Account Number:			
	Account Name:			
Account Number: Please note your Forsyth Barr account number can be up to ten characters long.	Account Number:			
	Account Name:			
Status: e.g. Account Holder, Authorised Person, Director, Partner, Trustee.	Change of Contact Details If you are only changing your email address, please leave the other fields blank. Name: Status: Phone Work: Phone Home:			
	Phone Mobile:	Fax:		
	Email:			
Status: e.g. Account Holder, Authorised Person, Director, Partner, Trustee.	Change of Address Details New Residential Address:			
	Name:			
	Status:			
	Residential Address:			
	Street No./Name:			
	Suburb/RD No.:			
	Town/City:		Postcode:	

Please turn over



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Status: e.g. Account Holder, Authorised Person, Director, Partner, Trustee.

New Mailing Address: Only complete this part if your Mailing Address is different to your Residential Address.

Date:

DAY

MONTH

YEAR

New Mailing Address				
Name:				
Status:				
Mailing Address:				
Street No./Name/PO Box:				
Suburb/RD No.:	Mail Centre:			
Town/City:	Postcode:			
Country: New Zealand				
Signatures I/We authorise Forsyth Barr Limited to make the changes in accordance with my/our instructions on this form. I/We authorise Forsyth Barr Investment Management Limited to make change(s) in accordance with my/our instruction(s) on this form on my/our Summer KiwiSaver scheme account(s) where applicable. Please tick if you do not wish us to apply the change(s) to your Summer KiwiSaver scheme account(s). Where the primary Account Holder details are changing, every Account Holder must sign below. Where a person signs on behalf of another as their Attorney, a signed and completed Certificate Of Non-Revocation Of Power Of Attorney must accompany this form. In all other cases, where I am signing on behalf of other Account Holders, I confirm that the other Account Holders consent and duly authorise me to complete and submit this form on their behalf.				
Name:	Name:			
Signature:	Signature:			
Date: DAY MONTH YEAR	Date: DAY MONTH YEAR			
Name:	Name:			
Signature:	Signature:			
Date: DAY MONTH YEAR	Date: DAY MONTH YEAR			
Name:	Name:			
Signature:	Signature:			
Date: DAY MONTH YEAR	Date: DAY MONTH YEAR			
Name:	Name:			
Signature:	Signature:			

Date:

DAY

MONTH

YEAR