



Notification of Professional Advisers (e.g. Accountant/Lawyer)

We are constantly updating our client records in order to provide you with the best possible service. Please complete the details below for any Professional Adviser you wish to add to, or remove from, your account.

If you have any questions regarding this form, please contact your Investment Adviser on 0800 367 227.

Account Details: Please ensure that full and correct names are detailed below.

Account Details

Account Name:

Account Number:

Forsyth Barr Adviser:

Account Number: Please note your Forsyth Barr account number can be up to ten characters long.

Addition of Professional Advisers

Please complete the details below for any Professional Adviser whom you wish to receive financial information upon request:

First Professional Adviser details

Mr

Ms

Mrs

Miss

Dr

Full Name:

Profession:

Firm:

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: New Zealand

Phone Work:

Phone Home:

Phone Mobile:

Fax:

Email:

Which reports would you like this Professional Adviser to receive?:

Quarterly Reports

Annual Income Report

Removal of Professional Advisers

Please complete the details below for any Professional Adviser whom you no longer wish to receive financial information:

First Professional Adviser details

Mr
 Ms
 Mrs
 Miss
 Dr
 Other

Full Name:

Profession:

Firm:

Second Professional Adviser details

Mr
 Ms
 Mrs
 Miss
 Dr
 Other

Full Name:

Profession:

Firm:

Signatures

- I/We authorise Forsyth Barr Limited to provide financial information to my/our Professional Advisers in accordance with my/our instructions on this form.
- 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:

Signature:

Date:

DAY			MONTH				YEAR			

Status:

Status: Please identify status: Self/Director/Trustee/Partner/Executor/Attorney/Parent or Guardian of Minor/Authorised Person

Name:

Signature:

Date:

DAY			MONTH				YEAR			

Status:

Status: Please identify status: Self/Director/Trustee/Partner/Executor/Attorney/Parent or Guardian of Minor/Authorised Person

Name:

Signature:

Date:

DAY			MONTH				YEAR			

Status:

Status: Please identify status: Self/Director/Trustee/Partner/Executor/Attorney/Parent or Guardian of Minor/Authorised Person