

Client Relinquishment of Holding

If you have any questions regarding this form, please contact your Investment Adviser on 0800 367 227. Once complete, please send your form to Scrip & Settlements, Forsyth Barr Limited, Private Bag 1999, Dunedin 9054. Alternatively, a scanned, signed copy of the form will be accepted when sent from an account holder's current registered email address. Email the completed form to scrip.other@forsythbarr.co.nz

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

Account Number:

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Full Name:

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Full Name:

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Full Name:

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Full Name:

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Full Name:

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Full Name:

Please turn over

- Signatures (all account holders must sign):**

Name:		Date:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="3">DAY</td><td colspan="3">MONTH</td><td colspan="3">YEAR</td></tr></table>											DAY			MONTH			YEAR		
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