

## Instruction to Forsyth Barr Limited/ Forsyth Barr Custodians Limited

Account Name:							
Account Number:							
With regard to the Crown Guarantee.	e above account, I, . Please arrange fo	/we wish to transfer or the following secu	the ownership of certain serities:	ecurities covered by the			
Security Code (if	_	ty Name		Quantity			
to be transferred t	from the above acc	count into the name	(s) of:				
Registered Name			(3) 01.				
Registered Name							
Registered Name							
Residential Addre Street No./Name:							
Suburb/RD No.:							
Town/City: Postcode:							
Country:							
New Common Sha	areholder Number	(CSN) required:	Yes No				
If <b>No</b> , CSN Number	er (if known): 3	3					
If <b>Yes</b> , then:							
Date of Birth:	DAY MONTH	YEAR	Account Number:				
Please supply us	with a clear photoc	copy of <b>ONE</b> form of	identification from the list be	elow.			
This identification	must be current.						
Passport	Driver's Licence	NZ Defence Photo ID Car	Student d Photo ID Card	Credit Card			

**RWT Rate:** If a valid IRD number is not provided, the default withholding tax rate of 33% will be applied.

**Exempt:** Please attach Exemption Certificate to this form.

Non-Resident Withholding Tax Rate: The appropriate Non-Resident Withholding Tax Rate will be applied based on your country of residence.

**Approved Issuer Levy:** Overseas address and signed declaration required.

## For Debenture Securities only, please provide

Bank Account Name:					
Bank Account Number:	BRANCH	ACCOUNT I	NUMBER	SU	FFIX
IRD Number:					
Resident Withholding Tax Rate (RWT):	Exempt	10.5%	17.5%	30%	33%
	Non-resident	Withholding	g Tax	Approv	ed Issuer Levy
Name:					
Signature:		Date:	DAY	MONTH	YEAR
Name:					
Signature:		Date:	DAY	MONTH	YEAR
Name:					
Signature:		Date:	DAY	MONTH	YEAR
Name:					
Signature:		Date:	DAY	MONTH	YEAR
Overseas Residential Address: Street No./Name:					
Suburb/RD No.:					
Town/City:		Postcode:			
Country:					