



Third Party Authorisation Payments

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 Name:

Account Number:

Mr Ms Mrs Miss Dr

Full Name:

Mr Ms Mrs Miss Dr

Full Name:

Mr Ms Mrs Miss Dr

Full Name:

Mr Ms Mrs Miss Dr

Full Name:

Full Name:

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:

Account Number: Please note your Forsyth Barr account number can be either seven or eight digits long.

Full Name: This includes your First Name, Middle Name(s), Last Name – please do not use initials or abbreviations.

Please turn over

Third Party Payments

IRD Payments: Please provide original documentation from the Inland Revenue Department confirming their bank account details.

Payments to Trustee(s): Please provide original bank account documentation in the same name as the Trustee(s).

- I authorise Forsyth Barr Limited to make payments from time to time as requested by me/us to the Inland Revenue Department by deductions from my Forsyth Barr Cash Management account.
- I authorise Forsyth Barr Limited to make payments from time to time as requested by me/us to the following Trustee(s) as no bank account has been opened in the name of the Trust:

Trustee Name:

Trustee Name:

Trustee Name:

Signatures

ALL Account Holders must sign below to authorise the Third Party payee(s) outlined above.

I authorise Forsyth Barr Limited to make the changes in accordance with my instructions on this form.

Name:

Name:

Signature:

Signature:

Date:

DAY	MONTH				YEAR		

Date:

DAY	MONTH				YEAR		

Name:

Name:

Signature:

Signature:

Date:

DAY	MONTH				YEAR		

Date:

DAY	MONTH				YEAR		