

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:

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:

Mr Ms Mrs Miss Dr

Full Name:

Mr Ms Mrs Miss Dr

Full Name:

Full Name: Please provide the full legal names of ALL Trustees or Executors.

Please turn over

Security Name	Quantity

- I/we refer to the above securities currently held on my/our behalf in the name of Forsyth Barr Custodians Limited.
- I/we hereby fully relinquish beneficial ownership of each of the securities, and instruct that they be removed from my/our Forsyth Barr portfolio.
- I/we acknowledge and accept that the removal of the securities from my/our portfolio will be for zero consideration and that I/we shall cease to have any interests or entitlements whatsoever in the securities (or derivatives thereof or replacements for), with ownership having been relinquished in accordance with this authority.
- I/we understand that my/our relinquishment of beneficial ownership of the security may have tax implications for me/us, and that Forsyth Barr has not provided me/us with any tax advice in this regard.

Signatures (all account holders must sign):

Name:

Signature: Date:

DAY				MONTH				YEAR											

Name:

Signature: Date:

DAY				MONTH				YEAR											

Name:

Signature: Date:

DAY				MONTH				YEAR											

Name:

Signature: Date:

DAY				MONTH				YEAR											

Name:

Signature: Date:

DAY				MONTH				YEAR											

Name:

Signature: Date:

DAY				MONTH				YEAR											