



Instruction to Forsyth Barr Limited/ Forsyth Barr Custodians Limited

Account Name:

Account Number:

With regard to the above account, I/we wish to transfer the ownership of certain securities covered by the Crown Guarantee. Please arrange for the following securities:

Security Code (if known)	Security Name	Quantity
.....
.....
.....
.....

to be transferred from the above account into the name(s) of:

Registered Name(s):

Registered Name(s):

Registered Name(s):

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country:

New Common Shareholder Number (CSN) required: Yes No

If **No**, CSN Number (if known):

If **Yes**, then:

Date of Birth:
DAY MONTH YEAR

Account Number:

Please supply us with a clear photocopy of **ONE** form of identification from the list below.

This identification **must be current**.

- Passport
- Driver's Licence
- NZ Defence Photo ID Card
- Student Photo ID Card
- Credit Card

For Debenture Securities only, please provide

Bank Account Name: _____

Bank Account Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BANK		BRANCH		ACCOUNT NUMBER								SUFFIX							

IRD Number: _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Resident Withholding Tax Rate (RWT):

- Exempt 10.5% 17.5% 30% 33%
- Non-resident Withholding Tax Approved Issuer Levy

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.

Name: _____

Signature: _____

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY		MONTH		YEAR			

Name: _____

Signature: _____

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY		MONTH		YEAR			

Name: _____

Signature: _____

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY		MONTH		YEAR			

Name: _____

Signature: _____

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY		MONTH		YEAR			

Overseas Residential Address:

Street No./Name: _____

Suburb/RD No.: _____

Town/City: _____

Postcode: _____

Country: _____