



Notification of Professional Advisors



(e.g. Accountant/Lawyer)

We are constantly updating our client records in order to provide you with the best possible service. Please complete the details below for any Professional Advisor you wish to add to, or remove from, your account.

Account Details Please ensure that full and correct names are detailed below.

Account Name:

Account Number:

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Forsyth Barr Advisor:

Addition of Professional Advisors

Please complete the details below for any Professional Advisor whom you wish to receive financial information upon request:

Professional Advisor details

Mr Ms Mrs Miss Dr Other

Full Name:

Profession:

Firm:

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Phone Work:

Phone Home:

Phone Mobile:

Fax:

E-mail:

Which reports would you like this Professional Advisor to receive?:

Quarterly Reports Annual Income Report

Other (please specify)

Please Turn Over

Addition of Professional Advisors (continued)

Professional Advisor details

Mr Ms Mrs Miss Dr Other

Full Name:

Profession:

Firm:

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Phone Work:

Phone Home:

Phone Mobile:

Fax:

E-mail:

Which reports would you like this Professional Advisor to receive?:

Quarterly Reports

Annual Income Report

Other (please specify)

Professional Advisor details

Mr Ms Mrs Miss Dr Other

Full Name:

Profession:

Firm:

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Phone Work:

Phone Home:

Phone Mobile:

Fax:

E-mail:

Which reports would you like this Professional Advisor to receive?:

Quarterly Reports

Annual Income Report

Other (please specify)

Removal of Professional Advisors

Please complete the details below for any Professional Advisor whom you no longer wish to receive financial information:

Professional Advisor details

Name:

.....

Profession:

.....

Firm:

.....

Professional Advisor details

Name:

.....

Profession:

.....

Firm:

.....

Signatures

- I/We authorise Forsyth Barr Limited to provide financial information to my/our Professional Advisors in accordance with my/our instructions on this form.
- Where I am signing on behalf of other account holders, I confirm that the other account holders consent and duly authorise me to complete and submit this form on their behalf.

Name:

.....

Status:

.....

Signature:

.....

Date:

DAY		MONTH		YEAR			

Name:

.....

Status:

.....

Signature:

.....

Date:

DAY		MONTH		YEAR			

Name:

.....

Status:

.....

Signature:

.....

Date:

DAY		MONTH		YEAR			

Name:

.....

Status:

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Signature:

.....

Date:

DAY		MONTH		YEAR			

Status: Please identify status:
Self/Director/Trustee/Partner/
Executor of an Estate/Attorney/
Parent/Guardian.