

Forsyth Barr Cash Management Regular Contribution Authority



Please complete and return to: Forsyth Barr Limited, Freepost 175, Private Bag 1999, Dunedin

I wish to start regular contributions to Forsyth Barr
Cash Management Nominees Limited on:

DAY		MONTH		YEAR			

I have also completed and attached the Forsyth Barr Cash Management Direct Debit Form.

Client Number:

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New Regular Contribution:
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Frequency: Weekly Fortnightly 4 Weekly Monthly

Name:
.....

Signature:
.....

Date:

DAY		MONTH		YEAR			