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# **ESTATE TRANSMISSION DOCUMENT**

A	ESTATE DETAILS (Please use CAPITAL LETTERS)					
Full name of Company/Issuer in which th	ne securities are held			1		
Type of Security (eg fully paid, partly paid, units, etc)			Number of Securities	Number of Securities to be transferred		
CSN/Holder Number			Date			
				1 1		
ESTATE DETAILS Given Name(s)		Last Name(s)				
Account Designation (if applicable, eg <	John Smith A/C>)					
Registered Address						
Contact day time phone number		the authorisation to tran include contacting the	nsfer will be subject to verificating Administrator. Where verificate strar, the transmission may be re	egistration details of the Estate and on. This vertification process may ion cannot be carried out to the jected and returned with a request		
В	SIGN HERE - ALL	EXECUTOR(S)	MUST SIGN			
The Executors/Administrators of the abo transfer them as per the Probate/Will att		sfer the securities shown	above to the Executors of the	e said Estate and are entitled to		
Executor/Administrator	Executor/Administr	rator	Executor/Administra	tor		
Signature of Witness	Signature of Witne	ss	Signature of Witness	3		
Phone Number of Witness	Phone Number of V	Witness	Phone Number of W	itness		
( )	( )		( )			

С	EXECUTO	R(S)/ADMINISTRA	TOR(S) DETAI	LS (Pleas	e use CAPITAL LI	ETTERS)
Given Name(s) or Company Name			Last	Last Name(s)		
Account Design	nation (if applicable	e, eg <estate a="" john="" o<="" smith="" td=""><td>&gt;&gt;)</td><td></td><td>CSN/Holder Number (if</td><td>known)</td></estate>	>>)		CSN/Holder Number (if	known)
Postal Address						
Suburb/Town			Cour	ntry		Post Code
BANK DETAIL	S					
Name(s) in which	ch your account is	held				
Bank/Branch		Account Number	Suffix	Dire	ct Credit Reference	
	INVESTOR COMN	<b>//UNICATION</b> communicate with you elect	ronically where nossih	le nlease nrovi	de vour current email addre	ses in the section helow
To enable the C	ompany/issuer to	communicate with you elect	Torrically where possib	ie, piease provi	de your current email addre	in the section below.
MOBILE PHON						
If you supply yo	our mobile phone n	umber, LINK will use this to	inform you of any char	iges to your sec	curity(ies) balance, address	or bank account.
IRD NUMBER	OR TAX EXEMPT	ION (TAX RATES APPLY T	O INTEREST PAYME	NTS ONLY)		
Please provide	your IRD number.	Only one IRD number is req		,	IDD N	
Securityholder	Name				IRD Number	
				ш		
Please tick the	box below to elect	your withholding tax rate at	which you wish your in	iterest payment	s to be taxed at:	
10.5%	6 17.	5% 28%	30%	33%		
If yo	u have a current Co	ertificate of Exemption fro	m resident withholding	tax, please tick	this box and attach a cop	y.
D SI	GNATURE(S	S) OF EXECUTOR(	S)/ADMINISTR	ATOR(S) -	- THIS MUST BE	COMPLETED
Executor/Admir	nistrator	Executor/A	Administrator		Executor/Administrator	
This form show	ld he signed by all	Evecutor(s)/Administrator(s)	for the Estate as year	ification of	Date	
the above deta	ils. If signed by the	Executor(s)/Administrator(s) Executor(s)/Administrator(s)	) attorney, the power of	of attorney	Date	1
If executed by	a company, the fo	d by the registry or a certiform must be executed in a	ied copy attached to accordance with the c	uns form. company's	/	1
constitution and	tne New ∠ealand	Companies Act 1993.				

Complete this section if you are acting	on behalf of the executor(s) on this Estate Transmission Docume	ent for whom you have power of attorney.
Full Name		
1		
Place and Country or residence		
of		
Occupation		
	Date of instrument creating the Power of Attorney	
Hereby certify that by deed dated	1 1	
Full Name of person/body corpora	ate which granted Power of Attorney	
Place and Country or residence of or principal place of business of de	f person/body corporate which granted Power of Attorney, (if do onor and, if that is not in New Zealand, state the country in whic	nor is a body corporate, state place of registered office th the principal place of business is situated)
of		
appointed me (his/hers/its) attorned	- ∋y	
That I have executed the request for S conferred upon me; and	hare Transfer printed on this Estate Transmission Document under	er that appointment and pursuant to the powers thereby
That I have not received notice of any	y event revoking the power of attorney.	Date
Signed at		1 1
	Signature(s)	Signature(s)

Signature(s) of Attorney(s)

CERTIFICATE OF NON REVOCATION OF POWER OF ATTORNEY

**Privacy Clause:** Link Market Services Limited advises that Section 87 of the *Companies Act* 1993 requires certain information about you as a securityholder (including your name, address and details of the securities you hold) to be included in the public register of the Issuer in which you hold securities. Personal information is collected in order to administer your securityholding. If part or all of the information is not provided, then it might not be possible to administer your securityholding. Please note that the personal information collected may be disclosed to the Issuer in which you hold securities. You can obtain access to your personal information by contacting us at the address or telephone number shown on this form. Our privacy policy is available on our website (www.linkmarketservices.com).

## HOW TO COMPLETE THE ESTATE TRANSMISSION DOCUMENT

## **Estate Details**

## Full Name of Company/Issuer in which securities are held

This is the actual NAME of the Share Company, Corporation or Trust in which the securities being transmitted are held.

#### Type of Security

This is either Fully Paid Ordinary Shares, Partly Paid Shares, Units, Options, or Convertible Notes, etc...

**Note:** A separate Estate Transmission Document must be completed for each different class of security and each different registered holding.

#### Estate's CSN/Holder Number

The CSN/Holder Number can be found on the FASTER Transaction Statements, Dividend or Interest Payment Advices.

The transfer cannot be processed without the Estate's CSN/Holder Number.

#### Number of Securities to be transferred

The number of securities being transferred (numbers only required). Please print clearly.

#### **Estate Details**

Enter the given and last names of all securityholder(s) or company/corporation name shown on securityholder documents.

## Executor(s)/Administrator(s) Details

### Full name(s) of Executor(s)/Administrator(s)

Enter the given and last names of the individual(s)/Trustee(s) or Company/Corporation acquiring the securities through this transmission. There is a maximum of three joint holders. Securities cannot be registered in an unincorporated trading name/business or in the name of a trust. Under Sec 92 of the *Companies Act, 1993*, securities may not be registered into the name of a Trust (unless it is a Registered Charitable Trust, and documented evidence produced to our office for noting). In the case of other trusts, securities must be registed in the name/s of the trustee/s. The word 'Trust' must not be used in any part of the registed name or address.

If transferring into an existing holding you must write the name (and address) details of the existing holding **exactly** as they currently appear on the register.

#### Executor(s)/Administrator(s) CSN/Holder Number

If the Executor(s)/Administrator(s) is an existing holder of securities in the company, their CSN/Holder Number may be entered here.

### Full postal address of Executor(s)/Administrator(s)

Insert full address including the postcode. Only one address may be recorded, irrespective of the number of Executor(s)/Administrator(s).

## **Signatures**

### Executor(s)/Administrator(s) must sign and date in the designated areas in Sections (B) and (D).

a) Executors All executor(s)/administrator(s) are required to sign for the transmission of securities and as verification of the details in Section (C). Probate requirements must also be complied with. Refer to the Estate Pack.

o) Power of Attorney To sign as Power of Attorney (POA), you must have already lodged the Power of Attorney with the registry or alternatively attach a certified photocopy of the Power of Attorney to this form.

If the registry has previously sighted the POA document, you will need to complete the Certificate of Non-Revocation

of Power of Attorney Section.

c) Companies If the Executor/Administrator is a company, we require the signatures of two Directors OR a Director and Secretary OR

Sole Director and Sole Company Secretary. Please ensure you sign in the appropriate boxes in Sections (B) and (D).

**Note:** Copies of documents forwarded must be **certified as a correct copy** by an authorised person who has the power to witness a statutory declaration. Any form or document that does not meet the company or trust's requirements will be returned without processing.