



OFF MARKET TRANSFER FORM For Instructions on completion please see overleaf

FOR THE CONSIDERATION stated below the "Transferor(s)" named below do hereby transfer to the "Transferees(s)" named below the Securities specified below subject to the several conditions on which the said Securities are now held by the Transferor(s) and the Transferee(s) do hereby accept and hold the said Securities subject to the conditions aforesaid.

(1) FULL NAME OF ISSUER OF SECURITIES

(2) FULL DESCRIPTION OF SECURITIES

(3) NUMBER OF SECURITIES TO BE TRANSFERRED

(4) SELLER/TRANSFEROR FULL NAME & ADDRESS IN CAPITALS	(4a) CSN / HOLDER NUMBER
	Phone Number – Business Hours

(5) CONSIDERATION

(6) BUYER/TRANSFEEE FULL NAME & ADDRESS IN CAPITALS		CSN / HOLDER NUMBER
		IRD NUMBER If you hold a current Tax Exemption Certificate, please attach a copy

BUYER TO COMPLETE:

Future Dividend / Interest Payments

Method of payment either: Direct credit to my Bank Account Number below or Pay by cheque to my Postal Address

Account

Name:

<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bank	Branch	Account Number	Suffix

DATE OF EXECUTION ----- day of ----- 20-----

(7)
 SIGNED BY THE TRANSFEROR IN THE PRESENCE OF

 Signature of Witness

ADDRESS-----

 Signature of **Transferor(s)** (Seller)

SIGNED BY THE TRANSFEROR IN THE PRESENCE OF

 Signature of Witness

ADDRESS-----

 Signature of **Transferor(s)** (Seller)

SIGNED BY THE TRANSFEEE IN THE PRESENCE OF

 Signature of Witness

ADDRESS-----

 Signature of **Transferee(s)** (Buyer)

SIGNED BY THE TRANSFEEE IN THE PRESENCE OF

 Signature of Witness

ADDRESS-----

 Signature of **Transferee** (Buyer)

INSTRUCTIONS ON COMPLETING THIS FORM

A separate transfer form is required for each class of security to each buyer/s (transferee/s).

- 1) Complete the full name of the Company in which you hold the securities.
- 2) Full description of securities (e.g. Ordinary Shares).
- 3) Number of securities to be transferred to the buyer/s (transferee/s).
- 4) The full name/s of the seller/s (transferor/s) and the CSN / Holder No as shown on your FASTER Transaction Statement.
- 5) Against 'Consideration' enter the amount being paid for the securities or state 'gift', 'nil', or 'no change in beneficial ownership'.
- 6) Full name/s and address of buyer/s (transferee/s).

Note that 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, shares must be registered in the name/s of the trustee/s. The word 'Trust' must not be used in any part of the registered name or address.

- 7) The transfer form must be signed by the seller/s (transferor/s) and buyer/s, dated and witnessed.
- 8) If the form is being signed under a Power of Attorney, the Certificate of Non-Revocation below should also be completed.

The completed transfer/s should then be forwarded to the Share Registry. Any balance will be issued back to the seller/s (transferor/s), detailed on a FASTER Transaction Statement.

CERTIFICATE OF NON-REVOCATION OF POWER OF ATTORNEY

I -----
of,-----

HEREBY CERTIFY

- 1) THAT I am the **Attorney** of ----- under and by virtue of a **Power of Attorney** dated this ----- day of ----- 20----- given to me by him (her/them).
- 2) THAT I have executed the transfer of securities printed on the face hereby as **Attorney** under the said **Power of Attorney** and pursuant to the powers thereby conferred upon me.
- 3) THAT I have not received any notice or information of the revocation of the said **Power of Attorney** by death or otherwise and I believe the same to be in full force and effect.

SIGNED at -----

This -----day of -----20 -----

SIGNATURE -----

PLEASE RETURN COMPLETED FORM TO:

P O BOX 91976, AUCKLAND, NEW ZEALAND, 1142
OR DX BOX CP 23524, AUCKLAND

INVESTOR ENQUIRIES: +64 9 375 5998
EMAIL: lmsenquiries@linkmarketservices.com

FAX: +64 9 375 5990
WEB: WWW.LINKMARKETSERVICES.COM