

Name of Company or Trust in which investment is held

Full Name(s) of Registered Holding

Registered Address

Postcode



A REQUEST TO AMALGAMATE/CONSOLIDATE HOLDINGS

PLEASE COMPLETE THIS FORM IN BLACK INK USING CAPITAL LETTERS. PHOTOCOPIES WILL NOT BE ACCEPTED.

This request will only be processed if the name(s) and address(es) of all CSN's listed below are identical.

I/We hereby state that I/we are the legal owner(s) of securities recorded on the register under CSN/Holder Number.

CSN (Common Shareholder Number) or Holder Number:

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and request that our holding be consolidated under CSN/Holder Number

CSN (Common Shareholder Number) or Holder Number:

Note: All existing instructions, including the FIN, will be retained on this CSN/Holder Number

Contact Name

Telephone Number – Business Hours

B SIGNATURE(S) OF SECURITYHOLDER(S) – THIS MUST BE COMPLETED

I/We authorise you to act in accordance with my/our instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions relating to consolidation of our security holding.

Securityholder 1 (Individual)

Joint Securityholder 2 (Individual)

Joint Securityholder 3 (Individual)

Date

Date

Date

This form should be signed by the securityholder. If a joint holding, all securityholders should sign. If signed by the securityholder's attorney, the power of attorney must have been previously noted by the registry or a certified copy attached to this form. If executed by a company, the form must be executed in accordance with the securityholder's constitution and the New Zealand Companies Act 1993.

