

Name of Company or Trust in which investment is held

Full Name(s) of Registered Holding

Registered Address

Postcode

CSN/HOLDER NUMBER



A REQUEST FOR REMOVAL OF SECURITIES

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

Full Description of Securities

Number of Securities to be Removed

I/We request the securities described above to be removed from the register of:

Name of country

To the register of:

Name of country

If you have a current holding on this register, and want your shares to appear on that holding, please quote your holder number:

Contact Name

Telephone Number – Business Hours

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

Note: This section must be signed for your instructions to be executed.

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.

