Company or Trust in which investment is held – THIS MUST BE COMPLETED

Full Name(s) of Registered Holding

Registered Address

Postcode

Link Market Services Limited
PO Box 91976, Auckland, 1142
DX CP23524
Phone: +64 9 375 5999
Fax: +64 9 375 5990
Investor Enquiries: +64 9 375 5998
Email: lmsenquiries@linkmarketservices.com
Web: www.linkmarketservices.com

CSN/HOLDER NUMBER

A STATUTORY DECLARATION OF INDEMNITY NEXT OF KIN

I,

of *(address)*

do solemnly and sincerely declare that

1. I am the Next of Kin of

   Who died on the

2. The said

   was the lawful owner of securities in

   covered by CSN or Holder Number

3. All claims against the Estate have been met.

4. In consideration of

   permitting me to deal with the

   shares now registered in the name of

deceased, without a Grant of probate or Letter of Administration, I hereby undertake to indemnify and keep indemnified

its officers and agents against any loss, damages or costs whatsoever, which may incur in consequence of any matter or thing arising from such dealings, and undertake to apply for a Grant of Probate or Letter of Administration if and when called upon to do so.

B SIGNATURE(S) OF EXECUTOR(S)/ADMINISTRATOR(S) – THIS MUST BE COMPLETED

Executor/Administrator (delete one)

Director

Witness

Executor/Administrator (delete one)

Director/Company Secretary

Witness

Executor/Administrator (delete one)

Sole Director/Sole Secretary

Witness

If signed by the securityholder's attorney, the Executor's 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 *Companies Act 1993*.

Date / /

Declared at

before me

Justice of the Peace/Solicitor of the High Court of New Zealand.

Date / /