 PO Box 39294, Lower Hutt 5045
24d Marine Parade, Hikoikoi 5012
Telephone: 04 473 2502 or Fax: 04 589 8810

**CHANGE OF DETAILS**

First Name Surname

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Shareholder Number

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|  |

Address

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| ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………. Post Code…...................................................................................... |

Phone Number Email Address

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Bank Account

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| --- | --- | --- |
| Bank No. | Branch No. | Account Number |
| \_\_\_ \_\_\_ | \_\_ \_\_\_ \_\_\_ \_\_\_ | \_\_­\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ |

IRD Number

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| \_\_­\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ |

I hereby authorise Wellington Tenths Trust to pay my dividend into the nominated Bank Account listed above. (if you have a pre-printed deposit slip please attach) This must be signed or the bank account will not be recorded.

If the bank account is not in the registered owners’ name, please attach a letter of authority.

Signature…………………………………………………………………………………………………………………………………………………………..

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| **FOR OFFICE USE ONLY**  |
| Entered by:………………………………………. Approved:…………………………………………..Date:……………………………………………… Date:……………………………………………….. |
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