

PO Box 39294 Wellington Mail Centre Lower Hutt 5045 phone: 04 473 2502

Email: info@tekau.maori.nz

CHANGE OF DETAILS FORM

First Name/s	Surname		
Shareholder Number	Shares		
Address			
	Post Code		•••••
Phone Number	Email Address		
Phone Number	Email Address	:55	
Bank Account - Please attach fro	n your Bank, <mark>confirmatic</mark>	<mark>tion</mark> of your Bank Account Number	
	-		
IRD NO			
		d into the nominated Bank Account attached.	
(Please attach from your Bank, con	•	<u> </u>	
If the bank account is not in the reg	stered owners' name, pleas	ase attach a letter of authority.	
Mailing Address: PO Box 39294.	Wellington Mail Centre.	, Lower Hutt 5045. Email: info@tekau.maori.n:	z
,		,	
Signature			
This must be signed. Please return f	rm via mail or email along	g with copy of ID (current Licence or Passport) and	
confirmation of your bank account f	om your Bank.		