

Link Market Services Limited PO Box 91976, Auckland, 1142 DX CP23524

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Deceased Estates Securities Administration Form

For Joint Holding

If you have elected to receive Link Market Services Limited's Deceased Estates Securities Administration Service please complete this form, attach the necessary documentation and complete/attach your payment and return to Link Market Services Limited at the address shown above.

A DEC	CEASED'S DETAILS				
Deceased's Name					
Deceased's Address					
Suburb/Town	Country	Post Code			
Cabalis/Town	Oddinity State of the state of	1 031 0000			
Date of Death	CSN/Hol	CSN/Holder Number			
B SURVIVII	NG HOLDER(S) DETAILS				
Given Name(s)	Last Name(s)				
Postal Address to be recorded on the Register. Only one address	can be recorded.				
Suburb/Town	Country	Post Code			
C CONTA	ACT PERSON DETAILS				
Please provide the full name and phone number, including area of	ode, of a person Link can contact.				
Full Name					
Phone number					

ESTATE ADMINISTRATION PAYMENT DETAILS

If you require Link Market Services Limited to administrate the current registration details of the above CSN/Holder Number in relation to an Estate, you are required to pay an administration fee of \$92.00 (Inclusive of GST).

Payment can be made by Direct Credit, Cheque or Credit Card. Please select only one payment option and complete all areas in the related section below.

OPTION 1 – TO PAY BY CHEQUE: Please attach your cheque for NZ\$92.00 (inclusive of GST) made payable to Link Market Services Limited.

D	ESTATE ADMINIST	RATION PAYMEN	T DETAILS (CONT'D)		
OPTION 2 – TO PAY BY CRED Please debit my Credit Card with (Only Visa or Mastercard can be	n NZ\$92.00 (inclusive of GST):		Visa:	Mastercard:	(tick)	
Credit Card Number:			Expiry Date:		_	
Name on Card:			Cardholder(s) Si	gnature(s):		
Bank name and branch:	ink Market Services BNZ Limited Downtown Auckla 2–0108–0140144-00 BT and the CSN/Holder numb I to complete this, Link will n	and er and Estate surname ot be able to match you	in the reference fi	elds of the payment r request.	screen who	en you
			\$			
Name and branch of your bank						
Direct Credit Reference/CSN/Hold	der Number		Surname			
EST						
E CHE	CKLIST: I HAVE CON	MPLETED AND/O	R ATTACHE	O (Please tick)		
1. Full name(s) and address of s	urviving joint holder(s)		inistration Paymen	t Details completed		Yes
2. Contact name and telephone	number	Yes 4. Do you wish	to receive a recei	ot for this payment?	No	Yes
Please read the following ca You will need to supply the follow documents. A Certified Copy is do so. This includes a Justice of You will need to provide a Death Pursuant to the <i>Companies Act</i>	wing two documents to Link Ma a copy of the original documer the Peace and Solicitor. Certificate.	nt which has been certifie	d to be a true copy	of the original by a pe		
5. Certified copy of the Death Ce	ertificate					
6. Certified copy of Power of Att	orney of surviving joint holder(s	s) (if applicable)			N/A	Yes
7. Request for Transmission – S	urviving Joint Holders					Yes
F		SIGNATURE(S)				
To be signed by the surviving joi I/We declare that the information						
Signature(s)	Signature	·	-	Gignature(s)		
Privacy Clause: Link Market Services information about you as a securityhold included in the public register of the Iss administer your securityholding. If part o your securityholding. Please note that thold securities. You can obtain access number shown on this form. Our privace	ler (including your name, address and uer in which you hold securities. Pers r all of the information is not provided, the ne personal information collected may s to your personal information by con	I details of the securities you ho conal information is collected in then it might not be possible to ac to be disclosed to the Issuer in we tacting us at the address or te	old) to be order to dminister hich you	Date /	1	