

**A REQUEST FOR TRANSMISSION – SURVIVING JOINT HOLDERS**

Full name of Company/Issuer in which the securities are held

Type of Security (eg fully paid, partly paid, units, etc)

Number of Securities to be transferred

CSN/Holder Number

Date

I/We, the surviving joint holder(s), hereby request transmission into my/our joint name(s) and apply to be registered as a securityholder in the above company/ issuer in respect of such securities. In support of my/our claim to be so registered I/we have lodged Death Certificate/Probate/Letters of Administration No. \_\_\_\_\_ dated/granted on \_\_\_\_\_ and certify that the deceased described therein is identical with the deceased joint holder referred to above. I/We agree to take and hold the said securities subject to the several conditions on which the former joint holders held the same. I/We give notice that my/our name(s) and address is as notified below and request that such be entered in the books of the company/issuer.

Given Name(s) or Company Name

Last Name(s)

Account Designation (if applicable, eg <John Smith A/C>)

CSN/Holder Number (if already existing)

Postal Address

Suburb/Town

Country

Post Code

**B SIGNATURE(S) OF ALL REMAINING HOLDERS – THIS MUST BE COMPLETED**

Securityholder 1 (individual)

Joint Securityholder 2 (Individual)

Joint Securityholder 3 (Individual)

Sole Director and Sole Company Secretary/Director (delete one)

Director/Secretary (delete one)

Signature of Witness

Signature of Witness

Signature of Witness

Phone Number of Witness

Phone Number of Witness

Phone Number of Witness

Seller(s) day time phone number

**Verification Procedures** – For security purposes, the registration details of the survivor(s) and the authorisation to transfer will be subject to verification. This verification process may include contacting the survivor(s). Where verification cannot be carried out to the satisfaction of the Registrar, the transfer may be rejected and returned with a request to provide additional information.

**C****SURVIVING HOLDER(S) DETAILS (PLEASE USE CAPITAL LETTERS)****BANK DETAILS**

Name(s) in which your account is held

Bank/Branch

Account Number

Suffix

Direct Credit Reference




**ELECTRONIC INVESTOR COMMUNICATION**

To enable the Company/Issuer to communicate with you electronically where possible, please provide your current email address in the section below.

**MOBILE PHONE NUMBER**

If you supply your mobile phone number, LINK will use this to inform you of any changes to your security(ies) balance, address or bank account.

**IRD NUMBER OR TAX EXEMPTION (TAX RATES APPLY TO INTEREST PAYMENTS ONLY)**

Please provide your IRD number. Only one IRD number is required per holding.

Securityholder Name

IRD Number



Please tick the box below to elect your withholding tax rate at which you wish your interest payments to be taxed at:

10.5%

17.5%

28%

30%

33%

If you have a current **Certificate of Exemption** from resident withholding tax, please tick this box and **attach a copy**.**D****SIGNATURE(S) OF ALL REMAINING HOLDERS – THIS MUST BE COMPLETED**

Securityholder 1 (Individual)

Joint Securityholder 2 (Individual)

Joint Securityholder 3 (Individual)



Sole Director and Sole Company  
Secretary/Director (delete one)

Director/Secretary (delete one)

Date

This form should be signed by all remaining holders as verification of the above details. If signed by the remaining holder'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 company's constitution and the New Zealand *Companies Act 1993*.

Complete this section if you are acting on behalf of the surviving joint holder(s) on this Request for Transmission – Surviving Joint Holder(s) Document for whom you have power of attorney.

Full Name

I

[Empty text box for Full Name]

Place and Country or residence

of

[Empty text box for Place and Country or residence]

Occupation

[Empty text box for Occupation]

Date of instrument creating the Power of Attorney

Hereby certify that by deed dated

[Date field with slashes: / /]

Full Name of person/body corporate which granted Power of Attorney

[Empty text box for Full Name of person/body corporate]

Place and Country or residence of person/body corporate which granted Power of Attorney, (if donor is a body corporate, state place of registered office or principal place of business of donor and, if that is not in New Zealand, state the country in which the principal place of business is situated)

of

[Empty text box for Place and Country or residence]

appointed me (his/hers/its) attorney

That I have executed the request for Share Transfer printed on this Request for Transmission – Surviving Joint Holder(s) Document under that appointment and pursuant to the powers thereby conferred upon me; and

That I have not received notice of any event revoking the power of attorney.

Signed at

[Empty text box for Signed at]

Date

[Date field with slashes: / /]

Signature(s)

Signature(s) of Attorney(s)

[Empty text box for Signature(s) of Attorney(s)]

Signature(s)

[Empty text box for Signature(s)]

Privacy Clause: Link Market Services Limited advises that Section 87 of the Companies Act 1993 requires certain information about you as a securityholder (including your name, address and details of the securities you hold) to be included in the public register of the Issuer in which you hold securities. Personal information is collected in order to administer your securityholding. If part or all of the information is not provided, then it might not be possible to administer your securityholding. Please note that the personal information collected may be disclosed to the Issuer in which you hold securities. You can obtain access to your personal information by contacting us at the address or telephone number shown on this form. Our privacy policy is available on our website (www.linkmarketservices.com).

## Joint Holder(s) Details

### Full Name of Company/Issuer in which securities are held

This is the actual NAME of the Share Company, Corporation or Trust in which the securities are held.

### Type of Security

This is either Fully Paid Ordinary Shares, Partly Paid Shares, Units, Options, or Convertible Notes, etc...

**Note:** A separate Transmission Document must be completed for each different class of security and each different registered holding.

### Joint CSN/Holder Number

The CSN/Holder Number can be found on the FASTER Transaction Statements, Dividend or Interest Payment Advices.

The transfer cannot be processed without the Joint CSN/Holder Number.

### Number of Securities to be transferred

The number of securities being transferred (numbers only required). Please print clearly.

### Joint holder(s) Details

Enter the given and last names of all securityholder(s) or company/corporation name(s) of surviving joint holders.

If transferring to an existing holding you must write the name (and address) details of the existing holding **exactly** as they currently appear on the register.

If the surviving joint holder(s) has/have a CSN/Holder Number already existing (but different to the original holding) please insert this in the field provided.

Insert full address including the postcode. Only one address may be recorded, irrespective of the number of joint holders.

Please complete the Surviving Holder(s) details on the second page of this form.

## Signatures

### Joint holders must sign and date in the designated areas in Sections (B) and (D).

- a) Surviving Holders All surviving joint holders are required to sign for the transmission of securities and as verification of the details in Section (D).
- b) Power of Attorney To sign as Power of Attorney (POA), you must have already lodged the Power of Attorney with the registry or alternatively attach a certified photocopy of the Power of Attorney to this form.  
  
If the registry has previously sighted the POA document, you will need to complete the Certificate of Non-Revocation of Power of Attorney Section.
- c) Companies If a joint holder is a company, we require the signatures of two Directors OR a Director and Secretary OR Sole Director and Sole Company Secretary. Please ensure you sign in the appropriate boxes in Sections (B) and (D).

**Note:** Copies of documents forwarded must be **certified as a correct copy** by an authorised person who has the power to witness a statutory declaration. Any form or document that does not meet the company or trust's requirements will be returned without processing.