

- To enable us to reissue the FIN, please complete this Statutory Declaration/Indemnity form.
- Enter on the reverse of the form with your Registered Name/s, CSN or Holder Number (which can be found on Dividend Statements and/or FASTER Transaction Statements you hold) and your IRD Number which you have previously supplied to us in connection with your shareholdings/s.
- Please sign the form in the presence of the witness. (All joint holders must sign the declaration.)
- Select a payment method below.
- The completed form should be mailed back to Link Market Services Limited at the address on the reverse of the form; we cannot accept faxed or scanned copies as require your original signature. The FIN will be mailed to your registered address on receipt of this form and payment.

PAYMENT INSTRUCTIONS

An Administration Fee of NZ\$34.50 is payable (GST inclusive).

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\$34.50 (inclusive of GST) made payable to Link Market Services Limited.

OPTION 2 – TO PAY BY CREDIT CARD: Please complete the details below

Please debit my Credit Card with NZ\$34.50 (inclusive of GST):
(Only Visa or Mastercard can be accepted)

Visa: Mastercard: (tick)

Credit Card Number:

Expiry Date:

Name on Card:

Cardholder(s) Signature(s):

OPTION 3 – TO PAY BY DIRECT CREDIT: Please submit your payment of NZ\$34.50 (inclusive of GST) to:

Bank account name: Link Market Services
Bank name and branch: BNZ Limited Downtown Auckland
Bank account number: 02-0108-0140144-00

Please ensure that you **quote FIN and your CSN/Holder number and surname in the reference fields of the payment screen when you make your payment. If you fail to complete this, Link will not be able to match your payment to your request.**

Please provide the following confirmation to Link to enable us to identify your payment in our account

Date that payment was made:

Amount paid:

\$

Name and branch of your bank

Direct Credit Reference/CSN/Holder Number

Surname

CONTACT DETAILS

Please provide a daytime phone number in the event that Link Market Services needs to contact you in regards to this indemnity.

Daytime telephone number

Contact name (PRINT)