



DIRECT CREDIT OR MAIL AUTHORITY
PLEASE COMPLETE AND RETURN THIS FORM

RETURN TO: PO Box 420
GISBORNE

Shareholder No :

Surname _____

First name(s) _____

(Please give all names)

Postal Address _____

Birth Date _____

IRD number

Contact Numbers

Home _____ Work _____

Mobile _____

E Mail _____

Please deposit my dividend into:-

Bank Account number

Bank

Branch

Account

Suffix

Your bank account must be verified by a teller at the bank with a bank stamp

OR you can send us a deposit slip from your cheque / deposit book which the bank has printed your name on

BANK VERIFICATION

Verified by: _____

Bank Stamp

YOUR SHAREHOLDER ACKNOWLEDGEMENT

To my knowledge the above information is correct

Please SIGN YOUR NAME here