

CHANGE OF ADDRESS FORM



Shareholder name(s): _____

*(Full name or both names
if a joint holding)*

Shareholder number: _____

(Or CSN if known)

Old address: _____

Please forward any mail relating to my (our) shareholding in Vector to the new address shown below.

New address: _____

Signed: _____

(All joint holders must sign)

Please post or fax to:

Computershare Registry Services Ltd

Private Bag 92119

Auckland 1020

Fax: 09 488 8787