DIRECT CREDIT OR CHANGE OF BANK ACCOUNT FORM



Shareholder name(s):											
(Full name or both names if a joint holding)											
Shareholder number: (Or CSN if known)											
New Zealand bank acco	unt nun	nber:									
Bank Branch		Account number							Suffix		
Name of account holder(s):											_
Signed: (All joint holders must sign)											

Please post or fax to:

Computershare Registry Services Ltd
Private Bag 92119
Auckland 1020

Fax: 09 488 8787