

Company or Trust in which investment is held – THIS MUST BE COMPLETED



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Full Name(s) of Registered Holding

Registered Address

 Postcode

CSN/HOLDER NUMBER

A REQUEST FOR DIRECT CREDIT OF PAYMENTS

PLEASE COMPLETE THIS FORM IN BLACK INK USING CAPITAL LETTERS. PHOTOCOPIES WILL NOT BE ACCEPTED.

Insert details of the Bank, Branch and Account into which you wish to have your payments made. This request will not cancel any reinvestment or share election plan participation unless we receive specific instructions from you.

Some of the benefits of this facility for Securityholders are:

- Payments are not subject to postal delays;
- The risk of loss or theft of cheques is removed; and
- A detailed payment advice will be provided.

A direct credit request form is required for each holding.

Name(s) in which your account is held

Bank/Branch

Account Number

Suffix

Name of Bank

Branch Suburb/Town

B SIGNATURE(S) OF SECURITYHOLDER(S) – THIS MUST BE COMPLETED

Securityholder 1 (Individual)

Director

Joint Securityholder 2 (Individual)

Director/Authorised Signatory (delete one)

Joint Securityholder 3 (Individual)

Sole Director/Authorised Signatory (delete one)

This form should be signed by the securityholder. If a joint holding, all securityholders should sign. If signed by the securityholder'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 securityholder's constitution and the New Zealand *Companies Act 1993*.

Date