

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



Link Market Services Limited
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Full Name(s) of Registered Holding

Registered Address

 Postcode

CSN/HOLDER NUMBER

A ADDRESS CHANGE NOTIFICATION ADVICE

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

I/we request that the registered address of this holding be changed to the following:

New Address Details

PO Box/Private Bag/Care of (c/-)/Property names/Building names (if applicable)

Unit Number/Level

Street Number

Street Name

Suburb/Town

Post Code

Country

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