

Ngā mihi nui ki a koe,

Completing this form will help to ensure that the information we hold on the Shareholder Register is accurate.

Please remember to sign this form before returning it. If you have any questions, please contact us.

Section 1 - Shareholder Contact Details

Shareholder number _____ IRD No

Shareholder Name _____
or
 Name of Trust _____

Date of Birth _____

Postal Address _____

 _____ Postcode

Landline _____ Mobile _____

Email Address _____

Section 2 - New Zealand Bank Account

Name of Account _____

Name of Bank _____ Branch _____

Bank Branch Account Number Suffix

If you are supplying your bank account, you must attach a legible copy of your photo ID, eg: a Passport or Driver's Licence.

PKW is not responsible if the bank account provided is incorrect, therefore, please attach a bank confirmation of the account number.



Section 3 - Australian Bank Account

Australian account holders, read this first

Electronic transfers to Australia incur an international bank charge of up to NZ\$43. Only dividends greater than \$100 will be paid. PKW does not transfer dividends to Beneficiary Banks eg: Credit Unions, Teachers or Policy and Nurses Unions etc and, the Australian SWIFT Code is mandatory.

Name of Account _____

Bank _____ Branch _____

Bank Address _____

SWIFT CODE

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BSB

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ACCOUNT NUMBER

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If you are supplying your bank account, you must attach a legible copy of your photo ID, eg: a Passport or Driver's Licence.

PKW is not responsible if the bank account provided is incorrect, therefore, please attach a bank confirmation of the account number.



Section 4 - Taranaki Iwi (tick the iwi you whakapapa/affiliate to)

<input type="checkbox"/> Ngāti Tama	<input type="checkbox"/> Ngāti Mutunga	<input type="checkbox"/> Te Atiawa	<input type="checkbox"/> Ngāti Maru
<input type="checkbox"/> Taranaki	<input type="checkbox"/> Ngāruahine	<input type="checkbox"/> Ngāti Ruanui	<input type="checkbox"/> Ngā Rauru

Section 5 - Signatures

If there is more than one executor, administrator or trustee, a second authorised signatory must also sign this section.

Name _____ Name _____

Signature _____ Signature _____

Date _____ Date _____

Please return the completed form to:

Parininihi ki Waitotara

35 Leach Street
New Plymouth 4310
New Zealand

PO Box 241
New Plymouth 4340
New Zealand

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F: +64-6-757-4206
E: office@pkw.co.nz