Client Relinquishment of Holding



If you have any questions regarding this form, please contact your Investment Adviser on 0800 367 227. Once complete, please send your form to Scrip & Settlements, Forsyth Barr Limited, Private Bag 1999, Dunedin 9054. Alternatively, a scanned, signed copy of the form will be accepted when sent from an account holder's current registered email address. Email the completed form to scrip.other@forsythbarr.co.nz

Account Number: Please note your Forsyth Barr account number can be either seven or eight digits long.

Full Name: Please provide the full legal names of ALL Trustees or Executors.

Account Number:									
O Mr	Ms	Mrs	Miss	O Dr	Other				
Full Name:									
O Mr	Ms	Mrs	Miss	O Dr	Other				
Full Name:									
O Mr	Ms	Mrs	Miss	O Dr	Other				
Full Name:									
O Mr	Ms	Mrs	Miss	O Dr	Other				
Full Name:									
O Mr	Ms	Mrs	Miss	O Dr	Other				
Full Name:									
O Mr	Ms	Mrs	Miss	O Dr	Other				
Full Name:									

Please turn over



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Security Name				Qı	uantit
I/we refer to the above securities currently held on my/our					
 I/we hereby fully relinquish beneficial ownership of each of our Forsyth Barr portfolio. 	f the securities, and	instruct that th	ey be remo	ved fron	n my/
 I/we acknowledge and accept that the removal of the secu and that I/we shall cease to have any interests or entitleme replacements for), with ownership having been relinquished 	ents whatsoever in t	the securities (o	r derivative		
I/we understand that my/our relinquishment of beneficial ous, and that Forsyth Barr has not provided me/us with any control of the second			e tax implica	ations fo	r me/
Signatures (all account holders must sign):					
Name:					
Signature:	Date:				
		DAY MO	NTH	YEAR	
Name:					
Signature:	Date:				
		DAY MO	NTH	YEAR	
Name:					
Signature:	Date:				
		DAY MO	NTH	YEAR	
Name:					
Signature:	Date:				
		DAY MO	NTH	YEAR	
Name:					
Signature:	Date:				
		DAY MO	NTH	YEAR	
Name:					
Signature:	Date:	DAY MO	NTH	YEAR	