

WAIRARAPA MOANA KI POUĀKANI INCORPORATION



It has been brought to our notice that your shareholder file requires updating.

Please fill in this form and return it as soon as possible.

Your updated details will not be entered on the share register until this signed form has been returned to the WMI office. Returning the completed form will ensure that the office is able to provide you with up-to-date information and distribute your dividends.

Shareholder Number:

Shareholder Name:

Other names known by:

Postal Address:

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.....Post Code.....

Phone: Mobile:.....

Email:

(NZ) IRD Number:

Date of Birth:

If you are a trustee/administrator/executor, please name your trust/estate?

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Tick this box if you approve your **ADDRESS ONLY** details being shared with other Māori Land Trusts in which you own an interest:-

Signature:Date:

Please feel free to make further notes if required:

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