



Customer Authorised Signatory

Mobile

Full Name

Signature

Role

Phone

149 Vogel Street, Dunedin 9016, New Zealand. Private Bag 1961, Dunedin 9054, New Zealand. T 0800 10 22 76 E accountopening@pggwrightson.co.nz W www.pggwrightson.co.nz

Customer Number:

Bank Account Details for Direct Credit

| 1. Customer Information — Please confirm account details | Customer Number: | |
|---|------------------|------------------|
| | | (The "Customer") |
| Full name of Customer (Legal Entity) | City/Town | Post Code |
| Physical address | City/Town | Post Code |
| Postal address | City/ Town | 7 ost code |
| 2. Bank Account Details — For payment of proceeds | | |
| Bank Name Branch | | |
| Bank Address | | |
| Bank Account Name | | |
| Bank Account Number Bank Branch Account Number Suffi | fix | |
| Please provide verification of the above bank account in the form of a deposit slip (preferred), cheque, bank statement, screen shot of online banking, photograph or PDF of original documentation, that clearly shows the bank account name and number. | | |
| Attach deposit slip or other documentation here: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 3. Signatures — To be completed by Authorised Signatories of the Account | | |

Customer Authorised Signatory

Mobile

Full Name

Signature

Role

Phone