

Shareholder Database Details Form

First Name(s): _____ Surname: _____

Also Known as: _____

(or)

Whanau Trust Name: _____

(Please attach a copy of your Whanau Trust Deed)

Contact Trustee: *(If a Whanau Trust)* _____

Postal Address: _____

Date of Birth: _____ (or) Trust Formation Date: _____

Phone Number: _____ or _____

E:mail: _____

IRD Number: _____ - _____ - _____

Bank Account Details:

Please attach a copy of your bank account deposit form or a bank generated form showing your account name and account number in full. (bank, branch, account number and account suffix)

Payments will not be made to an account name that does not match the shareholder name.

Signature: _____ Date: _____

*Please note: The Ngai Tukairangi Trust has a minimum payment policy of \$20.00.
If your dividend is below this amount, your dividends will accumulate to the minimum payment amount.*

Return Form to: Te Awanui Huka Pak Co-Operative Ltd
PO Box 4626
Mt Maunganui South
Phone: 07 572 5955 Fax: 07 575 9573
Email: kelly@teawanui.co.nz