



## CHANGE OF ADDRESS & CONTACT DETAILS

**To change your address and contact details, please complete this form.**

Please use black ink and BLOCK letters.

**Facility Name**

**Facility Number(s)**

(Please complete all facility numbers if you hold more than one facility)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Your name**

Mr Mrs Miss Ms Dr Other First Name(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surname

**Your address details**

New residential address (please note that this address cannot be a PO Box)

Suburb/Town

State

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Country

New mailing or registered address **(All correspondence will be sent to this address)**

Suburb/Town

State

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Country

Change address details for Third Party to this facility? (Please tick box)

**Note: Third Party must also sign this form to consent to the change of address.**

**Contact phone numbers**

Business Hours

After Hours

<input type="text"/>	<input type="text"/>
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Mobile

Fax

<input type="text"/>	<input type="text"/>
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**Email address**

Please sign this form below to provide consent for your details to be changed. Please note that the Australian Stock Exchange (ASX) requires a signature before changes can be made to the details of any shareholders.

**Please note all Borrowers to the facility must sign for address and contact details to be changed.**

	Borrower 1 / Company Director / Sole Director	Borrower 2 / Company Director / Secretary
<b>Authorised Signature(s)</b>	<input type="text"/>	<input type="text"/>
<b>Please print name(s)</b>	<input type="text"/>	<input type="text"/>
	Date <input type="text" value="/ /"/>	Date <input type="text" value="/ /"/>

**Please complete and return to:**

Macquarie Investment Lending  
Freeport 55997  
PO Box 2006  
Auckland

**Freefax:** 0800 407 197  
**website:** [www.macquarie.co.nz/lending](http://www.macquarie.co.nz/lending)

**If you require any assistance please contact the Account Management Team on 0800 407 198 or email [marginlendingnz@macquarie.com](mailto:marginlendingnz@macquarie.com)**