

Certificate of Non-Revocation of Power of Attorney



Section 20, Property Law Act 2007

Complete this Certificate to advise us that a Power of Attorney is still in place at the time of making any requests or signing any document when acting under the Power of Attorney. If you have any questions, please ask your Investment Adviser or contact us on 0800 367 227.

Attorney Details

Complete this part to let us know the current details of the person who has been assigned the Power of Attorney.

Name:

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:	Mail Centre:
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Town/City:	Postcode:
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Country: <input type="radio"/> New Zealand <input type="radio"/> Other (please state):
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Phone Work:	Phone Home:
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Phone Mobile:	Fax:
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Email:

Mailing Address (Attorney): This is the address of the person who has been assigned the Power of Attorney.

Mailing Address (Appointor): This is the address of the person who has appointed the Attorney.

Appointor Details

Complete this part to let us know the current details of the person who appointed you as their Attorney.

Name:

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:	Mail Centre:
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Town/City:	Postcode:
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Country: <input type="radio"/> New Zealand <input type="radio"/> Other (please state):
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Phone Work:	Phone Home:
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Phone Mobile:	Fax:
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Email:

Please turn over

Certificate

I (Full Name of Attorney):

(Address):

(Occupation):

certify that –

1. On:

DAY		MONTH			YEAR		

(Full Name of Appointor):

of (Address):

TOWN							COUNTRY		

appointed me his/her Attorney.

2. I have not received notice of any event revoking the Power of Attorney.

An event revoking the Power of Attorney means any event as a result of which the Power of Attorney ceases to have effect, including:

- The Appointor terminates the Power of Attorney
- The Appointor dies
- The Appointor loses mental capacity
- The Appointor is adjudged bankrupt

Signature:

Date:

DAY		MONTH			YEAR		

Place this declaration was made (e.g. City):