



For Instructions on completion please see overleaf

Signature of Transferee(s) (Buyer)

## INSTRUCTIONS ON COMPLETING THIS FORM

A separate transfer form is required for each class of security to each buyer/s (transferee/s).

- 1) Complete the full name of the Company in which you hold the securities.
- 2) Full description of securities (e.g. Ordinary Shares).
- 3) Number of securities to be transferred to the buyer/s (transferee/s).
- 4) The full name/s of the seller/s (transferor/s) and the CSN / Holder No as shown on your FASTER Transaction Statement.
- 5) Against 'Consideration' enter the amount being paid for the securities or state 'gift', 'nil', or 'no change in beneficial ownership'.
- 6) Full name/s and address of buyer/s (transferee/s).  
Note that under Sec 92 of the Companies Act, 1993, securities may not be registered into the name of a Trust (unless it is a Registered Charitable Trust, and documented evidence produced to our office for noting). In the case of other trusts, shares must be registered in the name/s of the trustee/s. The word 'Trust' must not be used in any part of the registered name or address.
- 7) The transfer form must be signed by the seller/s (transferor/s) and buyer/s, dated and witnessed.
- 8) If the form is being signed under a Power of Attorney, the Certificate of Non-Revocation below should also be completed.

The completed transfer/s would then be forwarded to the Share Registry. Any balance will be issued back to the seller/s (transferor/s), detailed on a FASTER Transaction Statement.

## CERTIFICATE OF NON-REVOCATION OF POWER OF ATTORNEY

I \_\_\_\_\_  
of, \_\_\_\_\_

### HEREBY CERTIFY

- 1) THAT I am the **Attorney** of \_\_\_\_\_ under and by virtue of a **Power of Attorney** dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ given to me by him (her/them).
- 2) THAT I have executed the transfer of securities printed on the face hereby as **Attorney** under the said **Power of Attorney** and pursuant to the powers thereby conferred upon me.
- 3) THAT I have not received any notice or information of the revocation of the said **Power of Attorney** by death or otherwise and I believe the same to be in full force and effect.

SIGNED at \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_ of 20\_\_\_\_

SIGNATURE \_\_\_\_\_

### PLEASE RETURN COMPLETED FORM TO:

**ACTON FARMERS IRRIGATION CO-OPERATIVE LIMITED**  
18 KERMODE STREET  
ASHBURTON 7700

### ENQUIRIES:

Tel: (03)975 8547  
Fax:  
Email: [info@irrigo.co.nz](mailto:info@irrigo.co.nz)  
Web:

Link Market Services Limited  
PO Box 384,  
Ashburton 7740

Tel: (03) 308 8887  
Fax: (03) 308 1311  
Email: [Imsenquiries@linkmarketservices.com](mailto:Imsenquiries@linkmarketservices.com)  
Web: [www.linkmarketservices.com](http://www.linkmarketservices.com)