



This form is to advise Waihi Pukawa Trust of owner details that need to be updated
Return the completed form to: office@ashergroup.co.nz or post to: PO Box 189, Waikato Mail Centre, Hamilton 3240

OWNERS DETAILS

SH Number (if known)	
Full Name/Whanau Trust (as per Māori Land Court)	
Other names known by (if different from above)	
Street Address	
Suburb / Town	
City & Postcode	
Phone Number(s)	
Email Address	
Date of Birth (if individual)	
IRD Number	
Other Owner Names on Share Register (if more than one shareholding)	

BANK ACCOUNT DETAILS

Name of Bank									
Bank Branch									
Account Name									
Bank Account Number	<p>Bank – Branch – Account – Suffix e.g. 12 – 3456 – 1234567 – 000</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 40%; height: 20px;"></td> <td style="border: 1px solid black; width: 10%; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Bank</td> <td style="text-align: center; font-size: small;">Branch</td> <td style="text-align: center; font-size: small;">Account Number</td> <td style="text-align: center; font-size: small;">Suffix</td> </tr> </table>					Bank	Branch	Account Number	Suffix
Bank	Branch	Account Number	Suffix						

CONSENT & SIGNATURE

I give permission for Waihi Pukawa Trust to share my contact details with other Māori land blocks or entities that I have ownership interests in	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	
Date	

IMPORTANT — Please attach the following documents:

1. Photo ID – driver licence, firearms licence, or passport
2. Bank Account Changes - bank account showing account name and number, or pre-printed deposit slip.