

K Certificate of Non-Revocation of Power of Attorney

Only to be completed if applicable

This Certificate must be completed if a person is acting as Attorney for a Director/Partner/Officer/Trustee.

Details of Attorney

Mr Mrs Miss Ms Dr Other |

Full Name¹ |

Postal Address |

Please complete each section below and tick one box for your preferred method or point of contact:

Telephone: Home |

Mobile |

Telephone: Work |

Facsimile |

E-mail Address |


Date of Birth |

DAY

MONTH

YEAR

Identify Verification²

Attach here 

Current Passport

OR

Current Drivers Licence

If a copy of a current passport or driver's licence is not available, provide a copy of:

Current ID card with photograph and signature. The following ID cards have been approved by the NZX: Current firearms licence; credit card with embedded photo; national identity card; NZ Police or NZ Defence photo identity card; student identity card.

I, _____, certify that;

[FULL NAME]

1. by Deed dated

("the Deed"),

[DATE]

[FULL NAME OF APPOINTER]

of

[PLACE OF RESIDENCE]

[OCCUPATION]

appointed me his/her attorney on the terms and conditions set out in the Deed.

2. That at the date of this certificate I have not received any notice or information of the revocation of the appointment by the death or otherwise of;

[FULL NAME OF APPOINTER]

Signed at

this

day of

20

[SIGNATURE OF ATTORNEY]

A copy of the Power of Attorney and/or Deed of Delegation has been provided to Craigs Investment Partners

¹ Full Name

This includes your First Name, Middle Name(s), Last Name – please do not use initials or abbreviations.

² Photo ID

Provided must be of a quality to enable the Person's identity to be verified. All client identity verification documents must be certified by a Justice of the Peace, a Lawyer, or a Court official. Alternatively, identity verification documents can be verified by your Investment Advisor or Assistant Investment Advisor.