

TRANSMISSION FORM

Full Name of Company
or Undertaking

MAORI INVESTMENTS LIMITED

I/We the appointment Executor(s)/Administrator(s) of:

TRANSFER FROM:

Name(s) _____

Date of _____

Address _____

Hereby request to register as the holder of the following shares.

Number and full description
of shares

_____ shares

At present standing in the name of the said deceased, subject to the several conditions on which the deceased held the same

TRANSMIT TO:

Name(s) _____

Address _____

Occupation _____

IN WITNESS WHEREOF these presents have been executed this ____ day of _____ 200__

SIGNED IN THE PRESENCE OF

Signature of Witness

OCCUPATION _____

ADDRESS _____

Signature of Executor/Administrator

SIGNED IN THE PRESENCE OF

Signature of Witness

OCCUPATION _____

ADDRESS _____

Signature of Executor/Administrator