

Application Form:

Otaki Energy Co-op Membership Application

Coastalenergy.nz

Please complete this form, sign, scan and email to info@coastalenergy.nz

Full Name of Primary Shareholder	
Full Name of Joint Shareholder (optional)	
Address	

Please note the AML/CFT Act requires additional details:

Telephone: _____ Email Address: _____

IRD # _____ Bank Account number: _____

AML/CFT requirements: Passport copy, showing DOB, name and photo. Also, a copy of a utility bill or similar showing name and address. Copies need to be certified by a JP, lawyer, or registered teacher.

I would like to purchase S-Shares (\$1 each) for \$ _____ (a suggested parcel is \$5000). The Minimum application is \$500.

I would like to purchase one Transacting share (\$365), \$ _____ which has full voting rights.

Please include a deposit slip or other printed document showing your bank account number, with your application form.

Payment Total: \$ _____

Payment Method: Bank Deposit

Account Name: **Otaki Energy Co-op Limited**

Account Number: **38-9016-0482842-01** Bank: **Kiwi Bank,**

Reference: **Surname (or first letters of your surname to fit in the reference field).**

Code/ Particulars: Please also include your **phone number** in the Particulars or Code fields.

Signature of Primary Shareholder _____ Date: / /

Signature of Joint Shareholder _____ Date: / /