

SUBMISSION

On the proposed 2024 Capital Distribution Review.

Mail to: The Trustees Or Fax: 03 313 4509

MainPowerTrust PO Box 370 Rangiora 7440

Or Email: CDR@mainpowertrust.co.nz

1. This is the su	ibmission of			
Name:				
ivaille.				
Address:				
			Postcode:	
Phone:				
	ppose for the Trus Capital of the Ma		etain 100% of the	
Tick one:	SUPPORT	OPPOSE		
My reasons are:				
3. I do / do not wish to attend before the Trustees to speak to this submission.				
Tick one:	DO	DO NOT		
4. Please note t	hat your submiss	ion will be made p	oublic.	
If you wish any contact details to be concealed, please note below.				
5. I confirm tha	t I am a Qualifyinç	g Customer as def	ined in the MainPowe	r Trust Deed.
The ICP on my electri	city account is:			
Note, your ICP is a unique	16-digit alphanumerical cod	le visible on your electricity	bill e.g. 0000XXXXXXMPYYY	
			Date:	
Sign	ature of submitter		_	