Date:				
		From:		
		Address:		
То:	Empire NZ Pty Ltd P O Box 2026 Christchurch NZ			
Fax:	07 5437 7230			
<u>Attentio</u>	n Membership Accounts Officer			
Re Acc	ount Name:			
Empire	Trade Account number			
		=		
	authorised signatory on the above accoun			-
my busii	ness has been sold / closed as of	Dat		
Signed:				
J. J. 10 J. 1				
Name o	f Signatory:			
My new	contact details are:			
Street A	ddress:	P	hone	
		M	obile	
		Fa	ax	
Postal A	ddress:	E	mail	