



OceanaGold (New Zealand) Limited

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0800 WAIHIGOLD (0800 92 44 44)

APPLICATION FOR TOP UP

Please attach a copy of supporting documentation e.g. Sale and Purchase Agreement, Property Valuations e.t.c

Vendor Information

Vendor's Name: _____ Date Listed: _____

Property Address: _____

Cert of Title ref and _____

Legal Description: *Reference* _____ *Legal Description* _____

Vendor's Lawyer information: _____
Name _____ *Contact Number and Address* _____

Real Estate agent information: _____
Name _____ *Contact Number and Address* _____

Listed Price: \$ _____

Acceptance Price: \$ _____

Purchaser Information

Purchaser's Name: _____

Purchaser Information: _____
Address _____ *Contact Details* _____

Purchaser's Lawyer information: _____
Name _____ *Contact Number and Address* _____

Sale and Purchase Dated: _____ Price Offered: \$ _____

Top Up Request: \$ _____

For Internal Use Only

Amount Approved: \$ _____

Comments: _____

Signatures for Approval: _____
Senior Community Advisor _____ *Commercial Manager* _____ *General Manager* _____