



12 December 2007

Ref: EVSRPRFS/7226676/PPSR

**VERIFICATION STATEMENT****Financing Statement Registration No: A UNIQUE REGISTRATION NUMBER**

<b>Status:</b>	Registered	<b>Debtor PIN:</b>	23033433
<b>Time of Registration:</b>	12-Dec-2007 11:17:08	<b>Date of Expiry:</b>	12-Dec-2012 11:17:08

**DEBTOR**

<b>First Name:</b>	DEBTORS	<b>Debtor Reference:</b>	(OPTIONAL) PROVIDED BY THE SPG GENERALLY TO HELP IDENTIFY THE DEBTOR – COULD BE A CUSTOMER NUMBER OR MAYBE AN INVOICE NUMBER
<b>Middle Names:</b>	FULL	<b>Email Address:</b>	OPTIONAL.EMAIL@DEBTORS.ADDRESS.N
<b>Last Name:</b>	NAME	<b>Fax:</b>	(OPTIONAL)
<b>Date of Birth:</b>	29-Feb-1968	<b>Contact Telephone No:</b>	(OPTIONAL)
<b>Contact Address:</b>	(MANDATORY) THE DEBTOR'S ADDRESS	<b>Mailing Address:</b>	(OPTIONAL) ONLY IF DIFFERENT FROM THE
<b>Suburb:</b>		<b>Suburb:</b>	CONTACT ADDRESS GIVEN
<b>City/Town:</b>	CITY OR TOWN	<b>City/Town:</b>	CITY OR TOWN
<b>Country:</b>	New Zealand	<b>Country:</b>	New Zealand

**COLLATERAL**

<b>Collateral Type:</b>	Goods – Other		
<b>Description:</b>	The Secured Party will provide a description of the collateral here. It would normally be enough to easily identify the goods, but wouldn't contain any financial information (e.g. an item's value).		
<b>Item Description:</b>	(OPTIONAL) Useful if there is more than one item of collateral to be described under the Goods – Other description.		
<b>Colour:</b>	(OPTIONAL) COLOUR	<b>Make:</b>	(OPTIONAL) ITEM MAKE
<b>Identifying Number:</b>	(OPTIONAL) SERIAL NUMBER OR SIMILAR IDENTIFYING NUMBER	<b>Model:</b>	(OPTIONAL) ITEM MODEL

EMAIL: [registrar@ppsr.govt.nz](mailto:registrar@ppsr.govt.nz) WEBSITE: [www.ppsr.govt.nz](http://www.ppsr.govt.nz)

**SECURED PARTY**

<b>Organisation Name:</b>	DEMONSTRATION SECURED PARTY GROUP	<b>Email Address:</b>	info@ppsr.govt.nz
<b>Contact Telephone No:</b>		<b>Fax:</b>	+64(3)9622700
<b>Contact Address:</b>	SPG CONTACT ADDRESS	<b>Mailing Address:</b>	SPG MAILING ADDRESS
<b>Suburb:</b>		<b>Suburb:</b>	IF DIFFERENT FROM THE CONTACT ADDRESS
<b>City/Town:</b>	CITY OR TOWN	<b>City/Town:</b>	CITY OR TOWN
<b>Country:</b>	New Zealand	<b>Country:</b>	New Zealand
<b>Person Acting on Behalf of:</b>			
<b>First Name:</b>	THE	<b>Email Address:</b>	info@ppsr.govt.nz
<b>Last Name:</b>	MANAGER	<b>Fax:</b>	+64(3)9622700
<b>Contact Address:</b>	CONTACT PERSON'S ADDRESS	<b>Contact Telephone:</b>	
<b>Suburb:</b>		<b>Mailing Address:</b>	CONTACT PERSON'S MAILING ADDRESS
<b>City/Town:</b>	CITY OR TOWN	<b>Suburb:</b>	IF DIFFERENT FROM THE CONTACT ADDRESS
<b>Country:</b>	New Zealand	<b>City/Town:</b>	CITY OR TOWN
		<b>Country:</b>	New Zealand

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EMAIL: [registrar@ppsr.govt.nz](mailto:registrar@ppsr.govt.nz) WEBSITE: [www.ppsr.govt.nz](http://www.ppsr.govt.nz)