



12 December 2007

Ref: EVSRPRFS/7226676/PPSR

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

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

DEBTOR

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

COLLATERAL

Collateral Type:	Goods – Other		
Description:	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).		
Item Description:	(OPTIONAL) Useful if there is more than one item of collateral to be described under the Goods – Other description.		
Colour:	(OPTIONAL) COLOUR	Make:	(OPTIONAL) ITEM MAKE
Identifying Number:	(OPTIONAL) SERIAL NUMBER OR SIMILAR IDENTIFYING NUMBER	Model:	(OPTIONAL) ITEM MODEL

EMAIL: registrar@ppsr.govt.nz WEBSITE: www.ppsr.govt.nz

SECURED PARTY

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

EMAIL: registrar@ppsr.govt.nz **WEBSITE:** www.ppsr.govt.nz