

Fax

To: Accounts **From:** Cassie Miles

Co: **Phone:** 07 572 8812

Fax: **Date:**

Pages: 1 **File:** 32/1/0

CONFIDENTIAL FACSIMILE MESSAGE

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BANK ACCOUNT DETAILS FOR PORT OF TAURANGA LIMITED

Bank Details:

Account Name: Port of Tauranga Limited
 Bank Account Number: 02 0372 0115511 00
 Bank: Bank of New Zealand
 Branch: Mount Maunganui
 Particulars: **Your Customer ID Number:**

Please supply information to yellow sections above.

Please email (cassie@port-tauranga.co.nz or accounts@port-tauranga.co.nz) or fax (07 572 8876) your remittances to the sender of this email.

Thanks and regards

Cassie Miles
ACCOUNTS RECEIVABLE OFFICER



Mount Maunganui Branch

Tellers Stamp & Initials

Paid in by:

Signature

Credit

-FOR PORT OF TAURANGA LIMITED

DEPOSIT

Date		
Notes		
Coin		
Total Cash		
Cheques <small>AS ON REVERSE</small>		
\$		

⑈020372⑈ 011551100 ⑈ 50

Leading through Innovation and Commitment



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