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OFF MARKET TRANSFER DOCUMENT

A S	ELLER DETAILS (Please us	e CAPITAL LETT	ERS)			
Full name of Company/Issuer in which the	he securities are held					
Type of Security (eg fully paid, partly pa	id, units, etc)	Numb	Number of Securities to be transferred			
CSN/Holder Number	Value of the transfer	Gift (tick box)	Date			
	\$	OR	1	1		
If joint holders details of all holders mus Given Name(s) or Company Name		t Name(s)				
				ш		
Account Designation (if applicable, eg <	John Smith A/C>)					
				ш		
Registered Address						
				ш		
Seller(s) day time phone number	Verification	Procedures – For security o	urposes, the registration details of	the Seller and the		
	authorisatio contacting the	n to transfer will be subject to he Seller. Where verification ca	o verification. This vertification pro nnot be carried out to the satisifactic with a request to provide additional	cess may include on of the Registrar,		
В	SIGN HERE – ALL SELLI	ER(S) MUST SIGI	N			
The Seller(s) whose details are written and the Issuer's share registrar that the	above, transfers the securities shown abov y are the owner(s) of the securities and are	e to the Buyer(s) and state entitled to transfer them to	es to the Buyer(s), the Issuer of the Buyer(s).	of the securities		
Securityholder 1 (individual)	Joint Securityholder 2 (Individua	al) Joint S	Securityholder 3 (Individual)			
Sole Director and Sole Company Secretary/Director (delete one)	Director/Secretary (delete one)					
Signature of Witness	Signature of Witness	Signa	ture of Witness			
Phone Number of Witness	Phone Number of Witness	Phone	Number of Witness			
()	()	()			

C BUYER DE	TAILS (Please use CAPI	TAL LETTERS)
Siven Name(s) or Company Name	Last Name(s)	
Account Designation (if applicable, eg <john a="" c<="" smith="" td=""><td>:>)</td><td>Buyers CSN/Holder Number (if known)</td></john>	:>)	Buyers CSN/Holder Number (if known)
Postal Address		
Suburb/Town	Country	Post Code
BANK DETAILS Name(s) in which your account is held		
tamo(e) in which your decount to hold		
Bank/Branch Account Number	Cutter	Direct Credit Deference
Account Number	Suffix	Direct Credit Reference
MOBILE PHONE NUMBER f you supply your mobile phone number, LINK will use to	this to inform you of any changes to yo	our security(ies) balance, address or bank account.
RD NUMBER OR TAX EXEMPTION (TAX RATES AP Please provide your IRD number. Only one IRD number		
Securityholder Name		IRD Number
Please tick the box below to elect your withholding tax r	ate at which you wish your interest pa	ayments to be taxed at:
10.5% 17.5% 28%	30%	33%
If you have a current Certificate of Exempti	on from resident withholding tax, plea	ase tick this box and attach a copy .
D SIGNATURE(S) (OF BUYER(S) – THIS MU	IST BE COMPLETED
Securityholder 1 (Individual) Join	nt Securityholder 2 (Individual)	Joint Securityholder 3 (Individual)
Director Dire	ector/Authorised Signatory (delete one	Sole Director/Authorised Signatory (delete one
This form should be signed by the securityholder. If a jign. If signed by the securityholder's attorney, the powe		
noted by the registry or a certified copy attached to thi orm must be executed in accordance with the comparation Companies Act 1993.	is form. If executed by a company, the	e / / /

E CERT	TIFICATE OF NON	N REVOCAT	ION OF PO	OWER O	ATTOF	RNEY		
Complete this section if you are ac	ting on behalf of a security	yholder(s) on this (Off Market Trans	fer Document	for whom yo	ou have po	wer of attor	ney.
Full Name								
Place and Country or residence	e							
of								
Occupation								
	Date of instrument cre	ating the Power of	Attorney					
Hereby certify that by deed dated	1	1						
Full Name of person/body corp	orate which granted Powe	er of Attorney						
Place and Country or residence or principal place of business of	e of person/body corporate of donor and, if that is not in	e which granted Po n New Zealand, sta	wer of Attorney, ate the country in	(if donor is a n which the pr	body corpora	ate, state p	lace of regi	stered office
of								
appointed me (his/hers/its) atto	rney							
That I have executed the request for conferred upon me; and	or Share Transfer printed or	n this Off Market Tr	ansfer Documer	nt under that a	ppointment a	nd pursua	nt to the po	wers thereby
That I have not received notice of	any event revoking the pov	wer of attornev.						

Signature(s)

Signed at

Signature(s) of Attorney(s)

Date

Signature(s)

Privacy Clause: Link Market Services Limited advises that Section 87 of the *Companies Act 1993* requires certain information about you as a securityholder (including your name, address and details of the securities you hold) to be included in the public register of the Issuer in which you hold securities. Personal information is collected in order to administer your securityholding. If part or all of the information is not provided, then it might not be possible to administer your securityholding. Please note that the personal information collected may be disclosed to the Issuer in which you hold securities. You can obtain access to your personal information by contacting us at the address or telephone number shown on this form. Our privacy policy is available on our website (www.linkmarketservices.co.nz).

HOW TO COMPLETE THE OFF MARKET TRANSFER DOCUMENT

Seller Details

Full Name of Company/Issuer in which securities are held

This is the actual NAME of the Share Company, Corporation or Trust in which the securities being transferred/sold are held.

Type of Security

This is either Fully Paid Ordinary Shares, Partly Paid Shares, Units, Options, or Convertible Notes, etc...

Note: A separate Off Market Transfer Document must be completed for each different class of security and each different registered holding.

Seller's CSN/Holder Number

The CSN/Holder Number can be found on your FASTER Transaction Statements, Dividend or Interest Payment Advices.

The transfer cannot be processed without the seller's CSN/Holder Number.

Number of Securities to be transferred

The number of securities being transferred (numbers only required). Please print clearly.

Consideration (Value of the transfer or sale)

The price paid by the buyer to the seller for the securities on the date of transfer/sale, or market value – to be completed if applicable.

Full registered name(s) of Seller(s)

Enter the given and last names of all securityholder(s) or company/corporation name shown on securityholder documents.

Buyer Details

Full name(s) of Buyer(s)

Enter the given and last names of the individual(s)/Trustee(s) or Company/Corporation acquiring the securities through this transfer. There is a maximum of three joint holders. Securities cannot be registered in an unincorporated trading name/business or in the name of a trust. Under Sec 92 of the *Companies Act*, 1993, securities may not be registered into the name of a Trust (unless it is a Registered Charitable Trust, and documented evidence produced to our office for noting). In the case of other trusts, securities must be registed in the name/s of the trustee/s. The word 'Trust' must not be used in any part of the registed name or address.

If transferring into an existing holding you must write the name (and address) details of the existing holding **exactly** as they currently appear on the register.

Buyer's CSN/Holder Number

If the buyer is an existing holder of securities in the company, their CSN/Holder Number may be entered here.

Full postal address of Buyer(s)

Insert full address including the postcode. Only one address may be recorded, irrespective of the number of buyers.

Signatures

Seller(s) and Buyer(s) Signatures and the Dates MUST be signed, and circle capacity under signatures

a) Individuals The securityholder must sign in the appropriate box.

b) Joint holdings Where holdings are in two or three names, all of the securityholders must sign in the appropriate boxes

c) Power of Attorney To sign as Power of Attorney (POA), you must have already lodged the Power of Attorney with the registry

or alternatively attach a certified photocopy of the Power of Attorney to this form.

If the registry has previously sighted the POA document, you will need to complete the Certificate of Non-Revocation

of Power of Attorney Section.

d) Executors When the holding is in the name of an estate, all executor(s)/administrator(s) are required to sign. When executors

and beneficiaries are the same people they will need to sign as seller and buyer. Probate requirements must also be

complied with. Refer to the Estate Pack.

e) Companies If the Seller/Buyer is a company, we require the signatures of two Directors OR a Director and Secretary OR Sole

Director and Sole Company Secretary. Please ensure you sign in the appropriate boxes and circle your capacity.

f) Minors If you are signing on behalf of a Minor, please refer to the Minor Statement and Indemnity Form – for further

instructions.

Note: Copies of documents forwarded must be **certified as a correct copy** by an authorised person who has the power to witness a statutory declaration. Any form or document that does not meet the company or trust's requirements will be returned without processing.