

Reinvestment plan

Please return this form to the registrar of the issuer

Company, Trust, Warrant or Product in which investment is held

Full Name(s) of Registered Holding

Account Designation

Registered Address

Postcode

Securityholder Reference Number (SRN) Or Holder Identification Number (HIN) or Share Certificate Number

A

DIVIDEND REINVESTMENT PLAN INSTRUCTION FORM

Please use a BLACK pen. Print CAPITAL letters inside the combed boxes below.

Where a choice is required, mark the box with an 'X'

This form is to be completed where the shareholder wishes to apply, amend or cancel their payments to be reinvested under the rules of the Dividend Reinvestment Plan (the 'DRP').

The DRP enables eligible shareholders to re-invest dividends to which the DRP applies in additional Company shares. The Company Board will determine whether the DRP applies with respect to each dividend at the time it considers the declaration of that dividend. Company will announce whether the DRP applies with respect to a dividend at the same time as that dividend is announced.

I/We being the above named holder of registered shares wish to participate (or cease participating) in the DRP as indicated below.

I/We authorise the application of my/our dividend payment with respect to the number of shares participating in the DRP to the allocation of additional shares at the price provided in, and subject to the rules of, the DRP.

I/We hereby agree to be bound by the rules of the DRP.

I/We acknowledge that I/we may vary or cancel my/our participation in the DRP, in accordance with the rules of the DRP and that my/our instructions below will cancel any earlier DRP instructions and take priority over any direct credit instructions.

Degree of Participation (cross appropriate box):

FULL PARTICIPATION

— Please mark this box with an 'X' if you wish all of your holding to participate in the company's DRP.

or

PARTIAL PARTICIPATION

— Please specify the number of shares to participate in the DRP.

or

CANCEL PARTICIPATION

— If you wish to cancel your DRP participation.

B

SIGNATURE(S) OF SECURITYHOLDER(S) THIS MUST BE COMPLETE

Shareholder 1 (Individual)

Sole Director and Sole Company Secretary/
Director

Joint Shareholder 2 (Individual)

Director/Company Secretary

Joint Shareholder 3 (Individual)

Contact mobile number

Signing Instructions: This form should be signed by the shareholder. If a joint holding, all shareholders should sign. If signed by the shareholder's attorney, the power of attorney must have been previously noted by the registry or a certified copy attached to this form. If executed by a company, the form must be executed in accordance with the company's constitution and the *Corporations Act 2001* (Cth) (or for New Zealand companies, the *Companies Act 1993*).

Date