

DIVIDEND REINVESTMENT PLAN PARTICIPATION NOTICE

DO NOT COMPLETE THIS FORM IF YOU WISH TO RECEIVE CASH DIVIDENDS.

Name and Address							
Registered Holder(s)							
			This Notice should be returned to Kingfish's share registrar at:				
			Kingfish Limited Share Registrar Computershare Investor Services Limited				
Description of Shares			Level 2, 159 Hurstmere Road				
Description of Strates			Takapuna				
			Private Bag AUCKLAND				
Holder No. Shares Held			Refer to the Offer Document for details of when your				
			participation	will commence.	It will depend on w		
A Dividend Reinvestment Plan operates for your Kingfish Shares. If you wish to receive all or part of your dividend in Kingfish Shares, simply complete and return this form to the share registrar at the address shown.			is received by Kingfish's share registrar. Certificate of Non-Revocation of Power of Attorney				
			I,				
				(Name of Attorney)			
Information about the Dividend Reinvestment Plan is set out in the current Offer Document for the Plan. Capitalised terms in this Notice have the meaning given to them in the Offer Document.			of				
			(Address and Occupation of Attorney)				
Complete the appropriate box if y for all, or for some, of your Kingfis			Hereby Cert	ify:			
Participation is required. If Partial	Participation	is required, either	1. That by a	Power of Attorn	ey dated the		
state the number of Kingfish Share second box, or the percentage of				day of		20	
you wish to participate in the third	d box.		Name				
		Partial Participation percentage of shares)	Address				
Or	Or		Address				
Joint holders must each sign. Com	Occupation						
authorised officer or attorney. If si revocation declaration must accor	igned by an o	attorney, a non-					
relevant authority must either have	e been exhibi			(of person for	whom Attorney is sig	ning)	
Kingfish or must accompany this Notice.			"the Donor" appointed me his / her / its Attorney on the terms				
Kingfish may suspend, vary or terminate your participation, subject to the Terms and Conditions of the Plan set out in the Offer			and conditions set out in the Power of Attorney.				
Document.					otice as Attorney ur		
I / We acknowledge receipt of a copy of the Offer Document. I / We agree to be bound by the Terms and Conditions of the Plan			:	of Attorney and pursuant to the powers thereby conferred upon me.			
set out in the Offer Document date			3. That at th	e date of this cer	rificate I have not re	eceived any notice	
I / We hereby direct that my/our in respect of my/our Shares be ap Additional Shares in accordance	oplied toward	the purchase of	the death		cation of that Power of the Donor or oth		
	WIIII IIIE FIUN	_	Signed at				
Signature of Holder(s)		Date					
		/ /	this	day of		20	
		/ /	Signature of				
		/ /	Signatore of				