

CLAIM FORM FOR THE PROCEEDS FROM THE COMPULSORY ACQUISITION OF SHARES IN TEGEL GROUP HOLDINGS LIMITED

Number of Tegel
Group Holdings
Limited Shares held
upon compulsory
acquisition:

--	--

Consideration held by Tegel Group Holdings
Limited in trust for the Claimant (at NZ\$1.23
cash per Ordinary Share)

Former Shareholder of Tegel Group Holdings Limited (the *Claimant*)

By signing this Claim Form, the Claimant:

- (a) claims the total consideration referred to above (the **Consideration**) that is being held by Tegel Group Holdings Limited (**Tegel**) in trust in an interest bearing bank account (the **Trust Account**) for the Claimant, together with any interest (less tax on the basis described in (d) below) accrued on the Consideration from the date of deposit of the Consideration into the Trust Account until the date of its withdrawal from the Trust Account (the **Amount**);
- (b) undertakes that the Claimant was the registered holder of the shares in Tegel described above (the **Tegel Shares**) immediately prior to the compulsory acquisition of those shares by Bounty Holdings New Zealand Limited (**Bounty Holdings**), and that no other person holds any interest in, or is entitled to, all or any of the Consideration payable in respect of the compulsory acquisition of the Tegel Shares, and that the Claimant has the full right, power and authority to claim and receive the Consideration from Tegel and has not previously made any claim against Tegel or any other person for the receipt of the Consideration;
- (c) agrees to indemnify Bounty Holdings (as the sole shareholder of Tegel), Tegel and its agent Computershare Investor Services Limited and each of their respective related companies, directors or employees (the **Indemnified Persons**) against any costs, losses or damages arising out of the payment by Tegel (or its agent) of the Consideration (together with any accrued interest) to the Claimant, or any other action taken by any Indemnified Person as a result of, or in reliance on, the accuracy of the undertakings given and statements made by the Claimant in this Claim Form;
- (d) accepts that Tegel may deduct tax or an amount on account of tax at the rate of up to 33% from the interest accrued on the Consideration held in the Trust Account from time to time; and
- (e) requests that Tegel transfers the NZ\$ Amount to the Claimant by:

Cheque posted to the address above

Electronic transfer to a NZ bank account; details set out at Annex 1

Tick as appropriate

Dated and signed the _____ day of _____

FOR AN INDIVIDUAL OR ATTORNEY	FOR A COMPANY
Your signature(s): _____	Signature(s): _____ Authorised signatory

NOTES AND INSTRUCTIONS FOR COMPLETION

- Completion of this Claim Form:**
 - Specify whether funds are to be received by cheque or by electronic transfer (NZ bank accounts only) by ticking the appropriate box at paragraph (e) (above), and *if* electronic transfer is chosen complete details at Annex 1 below.
 - Insert the date of signing in the space provided.
 - Sign this Claim Form where marked "Your Signature(s)". Companies must sign where marked "For A Company" in accordance with the Companies Act 1993 or other applicable law.
 - If the Claimant's Tegel Shares were registered in the names of joint holders immediately prior to their compulsory acquisition, all of those holders must sign this Claim Form.
- Power of attorney:** If this Claim Form is signed under a power of attorney, a copy of the relevant power of attorney must be submitted with this Claim Form, and the certificate printed below must be completed by the party holding the power of attorney.
- On completion:** Either mail this Claim Form in the enclosed reply-paid envelope to Computershare Investor Services Limited or scan and email to corporateactions@computershare.co.nz

Annex 1

To be completed only if the Claimant has elected to receive the Amount by electronic transfer to a NZ bank account.

NZ\$ Direct Credit only

NZ Bank account number:	
Name of account holder:	

ONLY COMPLETE THE FOLLOWING SECTION IF THIS CLAIM FORM IS SIGNED UNDER A POWER OF ATTORNEY

CERTIFICATE OF NON-REVOCATION OF POWER OF ATTORNEY

(The Attorney(s) signing must sign the following certificate):

I/We

_____ (Insert name of Attorney(s) signing)

of

_____ (Address and Occupation)

HEREBY CERTIFY:

- By a Power of Attorney dated _____ the Claimant named and described on the face of this Claim Form (the *Claimant*) appointed me/us/his/her/its/their attorney on the terms and conditions set out in that Power of Attorney.
- I/We have executed the Claim Form printed on the face of this document as attorney under that Power of Attorney and pursuant to the powers thereby conferred upon me/us.
- At the date hereof I/we have not received any notice or information of the revocation of that Power of Attorney by the death (or winding up) of the Claimant or otherwise.

Signed at _____ the _____ day of _____

(Signature(s) of Attorney(s))

NOTE: Your signature does not require witnessing