

APPLICATION FORM

GENERAL CAPITAL LIMITED SHARES ISSUED UNDER A SHARE PURCHASE PLAN

			CSN/ Holder Num	nber
			Number of Share	s Held
are Holder (the <i>Hol</i> d	der)			
onscreen instruction NZ\$15,000 with a m shares you are app	General Capital Shares onling or by completing this Application amount of NZ\$400 are slying for below, and either pay I Capital Share Purchase Plan	ication Form. Your a nd thereafter in multi _l y by direct credit to t	pplication may be ples of NZ\$100. Ple he account detailed	up to a maximum value of ease indicate the amount of d below or attach a cheque
	acceptance amount to a maxin m of NZ\$400 and only in multi			\$
Payment Options:				
Option 1: Pay by DI	RECT CREDIT to Computersh	nare Investor Service	s Limited	
Bank: ANZ Bank	Auckland (Queen and Victor	oria Streets)		
Bank Account	01-1839-0926540-003			
Payments made by identifiable. Please	direct credit must quote the radvise the date of the paymen	eference and particu It in the box below	lars – shown below	to ensure you payment is

Applicants paying by direct credit must submit their payment instructions to their bank, so the payment is received in Computershare's bank account in cleared funds by no later than 5.00pm (NZT) on Monday 3 December 2018, being the Closing Date. Applicants must still complete this form and return it by the Closing Date where payment has been made by direct credit.

Particulars

Date of Payment

Option 2: Enclose a CHEQUE for immediate value drawn on a New Zealand bank, made payable to "General Capital Share Purchase Plan". Please do not post-date your cheque.

Deposit Reference

By signing this form the Holder hereby:

- (a) Elects to acquire the amount of Shares indicated above at 6.75 cents (NZ currency) per Share: and
- (b) as set out on the next page of this form enters into an indemnity in favour of and for General Capital Limited

Dated and executed the day of 2018

1.1 FOR AN INDIVIDUAL / JOINT / ATTORNEY	FOR A COMPANY / BODY CORPORATE	
Your signature(s)	Signature(s)	
(All joint holders to sign)	Duly authorised signatory	

NOTES AND INSTRUCTIONS FOR COMPLETION

- 1 INTERPRETATION: In this form references to the Holder in the singular shall include the plural.
- 2 TO ACCEPT THE OFFER: Sign this form in the space provided above. Companies must sign in accordance with the Companies Act 1993.
- 3 **JOINT HOLDERS**: If the Shares are registered in the names of joint holders, all must sign the form.
- 4 **POWER OF ATTORNEY**: If the form is signed under a power of attorney, the relevant power of attorney must be submitted with the form for noting and return, and the certificate printed on the next page must be completed. Where this power of attorney has already been noted by General Capital Limited, then this fact must be stated under the signature of the attorney.
- ON COMPLETION: Applicants paying by direct credit can scan and email the signed Application Form to generalcapital@computershare.co.nz. Alternatively, place the signed Application Form in the enclosed reply paid envelope together with your cheque (where applicable) for the acquisition price made payable to General Capital Limited and deliver or post to Computershare Investor Services Limited, 159 Hurstmere Road Takapuna, Private Bag 92119, Auckland 1142, New Zealand, as soon as possible.
- 6 **PREVIOUS SALE**: If you have sold any of your Shares, please pass a copy of this form together with a copy of the accompanying letter to your sharebroker or the purchaser(s) of such Shares. If you have sold some of your Shares, record that fact on this form by amending the number of Shares noted as being held by you on the face of this form.

BY THE HOLDER'S EXECUTION ON THE FACE OF THIS FORM, THE HOLDER HEREBY DECLARES THAT:

- the Holder is the holder of Shares stated above;
- the Holder has not mortgaged, pledged, transferred, granted a security interest or otherwise dealt with the Shares and no other person holds any interest in the Shares and they are the property of the Holder absolutely; and
- the Holder will indemnify General Capital Limited against any costs, loss or damages arising out of the Shares being mortgaged, pledged, transferred, subject to a security interest or otherwise dealt with.

IF THIS FORM IS SIGNED UNDER POWER OF ATTORNEY, THE ATTORNEY(S) SIGNING MUST SIGN THE FOLLOWING CERTIFICATE:

CERTIFICATE OF NON-REVOCATION OF POWER OF ATTORNEY

I/WE							
	(Insert name of Attorney(s) signing)						
of _	(Address and Occupation)						
HER	BY CERTIFY:						
1.	THAT by a Power of Attorney dated theday of the Holder named and described on the face of this form (the <i>Donor</i>) appointed me his/her/its/their attorney on the terms and conditions set out in that Power of Attorney.						
2.	THAT I/we have executed the form printed on the face of this document as attorney under that Power o Attorney and pursuant to the powers thereby conferred upon me/us.						
3.	FHAT at the date hereof I/we have not received any notice or information of the revocation of that Powe of Attorney by the death (or winding up) of the Donor or otherwise.						
Sign	d atthisday of 2018						
Ū	ture of Attorney(s) : Your signature does not require witnessing						