



WARRANT EXERCISE FORM

GENERAL CAPITAL LIMITED 2021 WARRANTS (GENWB)

Contact Details: Phone Number and Address

CSN/ Holder Number

[Empty box for contact details]

[Empty box for CSN/ Holder Number]

Number of Warrants Held

[Empty box for Number of Warrants Held]

Warrant Holder (the Holder)

[Empty box for Warrant Holder name]

Please indicate the number of 2021 Warrants (GENWB) that you wish to exercise:

[Empty box for number of warrants]

Please indicate the consideration payable, calculated at 9 cents (NZ currency) for each Warrant that you wish to exercise:

[Empty box for consideration with \$ symbol]

By signing this form the Holder hereby:

- (a) Elects to exercise the number of Warrants indicated above...
(b) as set out on the next page of this form enters into an indemnity...

Dated and executed the ... day of ... 20...

Table with 2 columns: FOR AN INDIVIDUAL / JOINT / ATTORNEY and FOR A COMPANY / BODY CORPORATE. Includes signature lines and labels like 'Your signature(s)' and '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.
3 JOINT HOLDERS: If the Warrants 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...
5 ON COMPLETION: Email a scanned copy of the signed form to warrants@gencap.co.nz...
6 PREVIOUS SALE: If you have sold any of your Warrants, please pass a copy of this form together with a copy of the accompanying letter...

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

- the Holder is the holder of Warrants which it is exercising;
- the Holder has not mortgaged, pledged, transferred, granted a security interest or otherwise dealt with the Warrants and no other person holds any interest in the Warrants 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 Warrants 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)

HEREBY CERTIFY:

1. THAT by a Power of Attorney dated the _____ day of _____ the Holder named and described on the face of this form (the *Donor*) 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 of Attorney and pursuant to the powers thereby conferred upon me/us.
3. THAT 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 Donor or otherwise.

Signed at _____ this _____ day of _____ 20

Signature of Attorney(s)

NOTE: Your signature does not require witnessing