

HOW TO SIGN THIS ELECTION NOTICE

- Individual shareholder** Sign personally or by attorney.
- Joint shareholders** All shareholders must sign.
- Companies** By an authorised officer, attorney or two directors.
- Trusts** Trustees must sign personally or by attorney.
- Power of attorney** If signed by attorney the power of attorney must accompany this Participation Notice (if it has not previously been produced to the Company for this purpose), and the certificate of non-revocation of power of attorney on the reverse of this Participation Notice must be completed.

STEP 6: RETURN NOTICE

Return the completed Participation Notice so that Link Market Services Limited, the Company’s share registrar (“Share Registrar”), receives it no later than one business date after the next Record Date for a cash dividend payment.

INSTRUCTIONS

If you wish to participate in the Plan for the next Seeka Limited (the “Company”) cash dividend, please complete and return this Participation Notice on the reverse side as soon as possible. Alternatively, you may make your Participation Election online, or vary an existing Participation Election, by visiting <https://investorcentre.linkmarketservices.co.nz>

A Participation Notice will only take effect from the next Record Date following receipt by the Share Registrar of such election. If the Company’s Share Registrar receives such election within one business day after a Record Date, the Participation Notice will take effect in respect of that Record Date.

Participation applies automatically to all subsequent cash dividends until a Notice of Change or Withdrawal is received by the Share Registrar and is effective.

FULL PARTICIPATION

If you wish to participate in the Plan in respect of all of your Shares, please place a tick in the ‘Full Participation’ box, sign the Participation Notice and forward it to the Share Registrar. Full Participation means that all Shares issued pursuant to the Plan in the future will also participate in the Plan.

PARTIAL PARTICIPATION

If you wish to participate in the Plan only in respect of some of your Shares, please place a tick in the ‘Partial Participation’ box, write the number of Shares that you wish to participate in the Plan in the space provided, sign the Participation Notice and forward it to the Share Registrar. You may not elect partial participation in respect of less than 1,000 Shares.

MODIFICATION OF PARTICIPATION

If in the future you wish to modify your participation in the Plan, forward a Notice of Change or Withdrawal, available on request from the Share Registrar and the Company, advising the number of Shares you wish to participate in the Plan to the Share Registrar at the address below. Where you are a joint holder ensure that all other joint holders sign the Notice of Change or Withdrawal. Any previous Participation Notice or Notice of Change or Withdrawal will then be automatically cancelled. Participation in the Plan will be determined at the time of the Record Date for a dividend payment by reference to the last Participation Notice or Notice of Change or Withdrawal received from you.

TERMINATION OF PARTICIPATION

If you elect to participate in the Plan, but subsequently wish to terminate your participation, simply forward a correctly completed Notice of Change or Withdrawal to the Share Registrar at the address below advising that you wish to terminate your participation. Where you are a joint holder ensure that all other joint holders sign the Notice of Change or Withdrawal.

ADDRESS

Your completed Participation Notice or Notice of Change or Withdrawal should be posted, faxed or emailed to:

Seeka Limited	Phone: (09) 375-5998
c/- Link Market Services Limited	Fax: (09) 375-5990
PO Box 91976	Scan and email: enquiries@linkmarketservices.co.nz
Auckland 1142	www.linkmarketservices.co.nz
New Zealand	NZX Code: SEK

Privacy Clause: LINK advises that we require information about you as an investor to be included in the public register of the entity in which you hold securities. Information is collected to administer your security holding. Our privacy policy is available on our website www.linkmarketservices.co.nz

**COMPLETE ONLY IF ATTORNEY SIGNS
CERTIFICATE OF NON-REVOCAION OF POWER OF ATTORNEY**

I, _____

of _____

hereby certify:

1. That I am the Attorney of _____ under and by virtue of a

Power of Attorney dated the _____ day of _____ given to me by him/her/them.
2. That I have executed the Participation Notice printed on this document as Attorney under this Power or Attorney and pursuant to the power conferred upon me.
3. That I have not received any notice of information of the revocation of Power of Attorney by death or otherwise, and I believe the same to be in full force and effect.

Signed at _____ this _____ day of _____ 20 _____