

Seeka Limited

NOTICE OF CHANGE OR WITHDRAWAL IN RESPECT OF

Seeka Limited – Dividend Reinvestment Plan

To: The Directors
Seeka Limited
c/- Link Market Services
PO Box 384
Ashburton 7740

NAME(S) AND ADDRESS(ES)

SHAREHOLDER NUMBER

I / We wish to make the following change to my/our participation in the Seeka Limited Dividend Reinvestment Plan:

Either: (please **tick one**)

- Full Participation** — include all fully paid ordinary shares registered in my/our name(s).
- Partial Participation** — include _____ fully paid ordinary shares registered in my/our name(s), plus all new shares allotted under the Plan. (NB: You may not choose partial participation for less than 1,000 shares. If you do not complete the above in relation to partial participation, your application will be deemed to be full participation.)
- Termination** — terminate my/our participation in the Seeka Limited Dividend Reinvestment Plan.

Signature(s): _____

Dated this _____ day of _____ 20 _____

To ensure that this change or withdrawal of your participation in the Seeka Limited Dividend Reinvestment Plan is effective please return this notice without delay. Notices received more than one day after a Record Date will not be effective in respect of the cash dividend relating to that Record Date but will be effective from the next relevant Record Date.

HOW TO SIGN THIS NOTICE OF CHANGE OR WITHDRAWAL

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 the Notice of Change or Withdrawal (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 Notice of Change or Withdrawal must be completed.

After Completion, please Fax: (09) 375-5990, Scan and email: enquiries@linkmarketservices.co.nz
or mail: Seeka Limited, c/- Link Market Services Limited, PO Box 91976, Victoria Street West, Auckland 1142, New Zealand

The Notice of Change or Withdrawal can also be done online by visiting <https://investorcentre.linkmarketservices.co.nz>

COMPLETE ONLY IF ATTORNEY SIGNS
CERTIFICATE OF NON-REVOCATION 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 Notice of Change or Withdrawal 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 _____

ADDRESS

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

Seeka Limited
c/- Link Market Services Limited
PO Box 91976
Victoria Street West
Auckland 1142
New Zealand

Fax: (09) 375-5990
Scan and email: enquiries@linkmarketservices.co.nz

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