



PharmaZen Limited

BUYBACK ACCEPTANCE FORM

Return your Form to the Company's share registry:

By Mail or email to :

Link Market Services

[Address]

For all enquiries:

Phone: (within New Zealand) 09 375 5998 | (outside New Zealand) +64 9 375 5998

Shareholding Details

Shareholder full name and address

XXXXXXXX

Number of PAZ Shares held as at 5:00 pm, September 21, 2018:

XXXXXX

Amount payable to you upon buyback

XXXXXXXX

CSN / Holder number:

XXXXXXXX

IMPORTANT DOCUMENT

This is an important document that requires your immediate attention. It can only be used in relation to the shareholding represented by the details printed overleaf. If you are in doubt about how to deal with this form, please contact your financial or other professional adviser.

If you wish to sell your shares, your form must be received by 5.00 pm (NZ Time) Friday, October 26, 2018

Step 1: Shareholding Details

Use this form if you wish to accept the Share Buyback Offer. If you have recently bought or sold shares your shareholding may differ from that shown. If you have already sold all your shares in PharmaZen Limited, do not complete or return this form. If you have more than one shareholding on PharmaZen Limited's register and you do not wish to sell your shares under the Unmarketable Parcel Share Buyback, you should consider consolidating them. For further advice on how to do this, contact Link Market Services Limited [on the number above](#).

Step 2: Signing Instructions

- **Individual:** Where the shareholding is in one name, the shareholder must sign.
- **Joint Shareholding:** Where the shareholding is in more than one name, all of the shareholders must sign.
- **Power of Attorney:** Where signing as Power of Attorney (POA), you must attach an original certified copy of the POA to this form.
- **Companies:** Where the shareholding is in the name of a Company, this form must be signed in accordance with the Corporations Act, either as:
 - a Sole Director and Sole Company Secretary **OR** a Sole Director (if no Company Secretary exists), **OR**
 - two Directors, **OR**
 - a Director and Secretary.
- **Overseas Companies:** Where the shareholding is in the name of an Overseas company (companies incorporated outside NZ) the form must be signed as above, or documentation must be provided showing that the company can sign in an alternate manner.
- **Deceased Estate:** Where the shareholding is in the name of a deceased estate, all executors must sign; and a certified copy or original, of the required documentation must accompany this form. Details of the documentation required can be found by searching "deceased estates" on our website linkmarketservices.co.nz or by calling Link Market Services Limited on the numbers above. If the shareholding is in more than one name the surviving shareholder may sign the form and return it together with a certified copy of the death certificate of the other joint shareholder.

Step 3: Contact Details

Entering contact details is not compulsory, however will assist us should we need to contact you.

Step 4: Payment Details

Entering your bank account details so that moneys payable to you can be direct credited to your bank account.

PLEASE TURN OVER TO COMPLETE THE BUYBACK ACCEPTANCE OFFER



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Shareholding Details

Shareholder full name and address
XXXXXXXX

Number of PAZ Shares held as at 5:00 pm, September 21, 2018: [XXXXX]
Amount payable to you upon buyback: [XXXXXXXXX]
CSN / Holder number:
[XXXXXXXXX]

The Buyback Offer is made only to those shareholders who held less than 20,000 ordinary shares in PAZ at 5:00 pm September 21, 2018 ("Record Date"). This Acceptance Form is to be used by you if you held less than 20,000 ordinary shares in PAZ ("shares") at the Record Date ("Eligible Shareholder") and you wish to accept the offer by PharmaZen Limited to acquire shares held by you at the Record Date at a price of NZ\$0.075 (7.5 cents) per ordinary share ("Consideration") under the Unmarketable Parcel Share Buyback.

The number of PharmaZen Limited Shares you wish to sell.

METHOD OF PAYMENT

Receive the total for the Consideration to a bank account nominated by you. **Payment date is 9 November 2018.**

If you have previously provided bank account details to the share registrar, Link Market Services Limited, and you want your payment made to that account, please tick here:

USE MY EXISTING ACCOUNT DETAILS, Otherwise, complete the details below.

Account Name:

Bank & Branch:

NZ Bank Account Number:

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If you do not wish to accept the Buyback Offer you do not need to take any further action.

SIGNATURE OF SHAREHOLDERS (Sign here to accept the offer)

This section must be completed

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Your signature(s) / Signature(s) of your attorney(s)

Director / Authorised Signatory

Director / Authorised Signatory

Dated and signed the _____ Day of _____ 2018.

ALL SHAREHOLDERS MUST SIGN

By signing and returning this form, in accordance with the Share Buyback Plan I/we confirm that our shares will be repurchased by the Company under the Unmarketable Parcel Share Buyback.

Contact Name

Contact daytime telephone No.

PRIVACY NOTICE

The personal information you provide on this form is collected by Link Market Services Limited (Link), as registrar for the Company (the issuer), for the purpose of maintaining a register of securityholders for the Company. This facilitates distribution of payments and other corporate actions and communications in relation to your shares in the Company. In addition, the Company may authorise us on their behalf to send you marketing material or include such material in any corporate communication by the Company. You may elect not to receive marketing material by contacting Link using the details provided above. The Company and Link may be required to collect and disclose your personal information as required by Acts and Regulations or other legal requirements or direction.