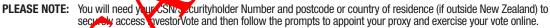
# Annual Meeting of Shareholders of AFT Pharmaceuticals Limited Milford Cruising Club, 24 Craig Road, Milford, Auckland on Friday, 4 August 2017 at 10:30am (New Zealand Time)



Your secure access information

**Control Number:** 

#### **CSN/Securityholder Number:**





For your proxy to be affective it must be received by 10:30am (New Zealand time) Wednesday 2 August 2017

## **How to Vote on Items of Business**

All your securities will be voted in accordance with your directions.

# **Appointment of Proxy**

If you do not plan to attend the meeting, you may appoint a proxy. The Chairman of the meeting, or any other director, is willing to act as proxy for any shareholder who wishes to appoint him or her for that purpose. To do this, enter 'the Chairman' or the name of the director in the space allocated in 'Step 1'of this form. If you do not name a person as your proxy or your named proxy does not attend the meeting, the Chairman will be your proxy and may only vote in accordance with your express direction.

#### Voting of your holding

Direct your proxy how to vote by marking one of the boxes opposite each item of business. If you do not mark a box or if you tick the "Proxy Discretion" box your proxy may vote as they choose. The Chairman and the directors intend to vote all discretionary proxies in favour of the relevant resolutions. If you mark more than one box on an item your vote will be invalid on that item.

## Attending the Meeting

Bring this form to assist registration. If a representative of a corporate securityholder or proxy is to attend the meeting you may need to provide evidence of your authorisation to act prior to admission.

# **Signing Instructions for Postal Forms**

#### Individual

Where the holding is in one name, the securityholder must sign.

#### **Joint Holding**

Where the holding is in more than one name, all of the securityholders should sign.

#### **Power of Attorney**

If this Proxy Form has been signed under a power of attorney, a copy of the power of attorney (unless already deposited with AFT Pharmaceuticals Limited (AFT)) and a signed certificate of non-revocation of the power of attorney must be produced to AFT with this Proxy Form.

# Companies

This Proxy form should be signed by a duly authorised officer or attorney. Persons who sign on behalf of a company must be acting with the company's express or implied authority.

#### **Comments & Questions**

If you have any comments or questions for AFT, please write them on a separate sheet of paper and return with this form.

Go online to lodge your proxy or turn over to complete the form.

# **Proxy/Voting Form**

STEP 1	Appoint a Proxy to Vote	on Your Behalf	4		
I/We being a sec	urityholder/s of AFT Pharmaceut	icals Limited	1	•	
hereby appoint *			of		
or failing him/he	r		of		
Limited to be hell our proxy thinks fi	d at the Milford Cruising Club, 24 C t (to the extent permitted by law and	our behalf and to vote in accordance with the snowing one traig Road, Milford, Auckland, NZ on Friday, 4 August 20 relevant listing rules) on any resolutions to send any the yadjournment thereof) so as to give effect to m, bur intenti	<b>017 at 10:30am (N</b> ne resolutions, or ar	ew Zealand time), ny resolution so am	and to vote as my/
	ame a person as your proxy or you th your express direction.	named proxy does not attend the meeting, the Chairma	an will be appoint	ted your proxy and	l may only vote in
STEP 2	Items of Business - Votin	ng Instruction Rallet Paper (if a Poll is o	called)		
Please note: I votes will not b	f you mark the Abstain box for an i be counted in computing the requir	tem, you are directing your p not to vote on your bel ed majority	half on a show of	hands or a poll an	d your
Ordinary Busines	ss	$\mathbf{A}$		For Against	Proxy Abstain Discretion
Item 1	That the directors are authorised to the 2018 financial year.	fix the local and expenses of PricewaterhouseCoopers as a	uditor for		
Item 2	That Mrs Marree Atkinson be re-ele	clean a director of AFT.			
Item 3	That Mr Nathan (Nate) Hukill by re-	ercond as a director of AFT.			
SIGN	Signature of Securityhol	der(s) This section must be completed.			
Securityholder 1		Securityholder 2	Securityholde	r 3	
	D				
or Sole Director/	Director	or Director (if more than one)			
Contact Name		Contact Daytime Telephone		Date	

ATTENDANCE SLIP

