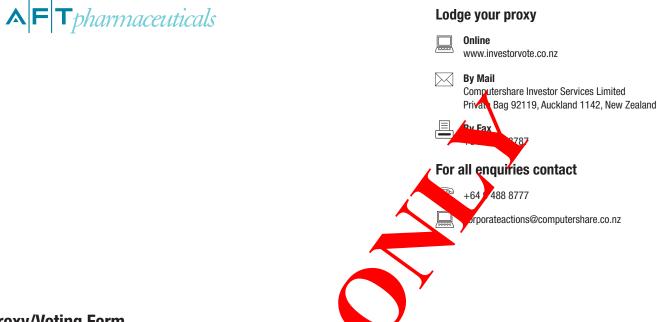
Annual Meeting of Shareholders of AFT Pharmaceuticals Limited Milford Cruising Club, 24 Craig Road, Milford, Auckland on Friday, 3 August 2018 at 10:30am (New Zealand Time)



Proxy/Voting Form



How to Vote on Items of Busin

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 a wother director, is willing to act as proxy for any shareholder who wishes to appoint him or how for that purpose. To do this, enter the Chairman' or the name of the control of this space allocated in 'Step 1' of this form. If you do not name person a 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

| I/We being a secu | rityholder/s of AFT Pharmaceuticals Limited | | | |
|---|--|--|--|------------------------------------|
| hereby appoint *_ | | 0 | ıf | |
| as my/our proxy to Limited to be held our proxy thinks fit | act generally at the meeting on my/our behalf and to vote in at the Milford Cruising Club, 24 Craig Road, Milford, Aud (to the extent permitted by law and relevant listing rules) on posed at the Annual Meeting (or any adjournment thereof) s | accordance with the following directickland, NZ on Friday, 3 August 2018 any resolutions to amend any of the I | B at 10:30am (New Zealand time), resolutions, or any resolution so ame | Pharmaceuticals and to vote as my/ |
| | ne a person as your proxy or your named proxy does no n your express direction. | t attend the meeting, the Chairman | will be appointed your proxy and | may only vote in |
| STEP 2 | Items of Business - Voting Instructions/B | Ballot Paper (if a Poll is ca | lled) | |
| Please note: If votes will not b | you mark the Abstain box for an item, you are directing y e counted in computing the required majority. | our proxy not to vote on your behal | f on a show of hands or a poll an | your |
| Ordinary Busines | 8 | | Against | Proxy Abstain Discretion |
| Item 1 | That the directors are authorised to fix the fees and expense | es of Deloitte as auditor for the 2019 f | | |
| Item 2 | That Mr David Flacks be re-elected as a director of AFT Pha | rmaceuticals Ltd. | | |
| Item 3 | That Dr James (Jim) Burns be re-elected as a director of AF | I Pharmaceuticals Ltd. | | |
| SIGN | Signature of Securityholder(| nust be completed. | | |
| Securityholder 1 or Sole Director/E | irector or Director (if more | than one) | Securityholder 3 | |
| Contact Name | | Contact Daytime Telephone | Date _ | |

ATTENDANCE SLIP

