

AFT PHARMACEUTICALS LIMITED SHARE PURCHASE PLAN (“SPP”) APPLICATION FORM – NEW ZEALAND



The SPP booklet accompanying this Application Form is important. If you have any questions in relation to the SPP, please consult your financial or other professional adviser. Please read carefully the instructions contained in this Application Form as to how to complete it and where to send it to.

CSN/Holder Number
Shareholding as at 7.00pm (NZ time) 23 May 2017

SAMPLE ONLY

APPLICATION FOR SHARES AND PAYMENT

If you wish to apply for AFT Pharmaceuticals Limited (“AFT”) ordinary shares (“Shares”) under the SPP at an issue price of NZ\$2.25 per Share, please complete this section.

You may apply for Shares up to a maximum value of NZ\$15,000, subject to a minimum application amount of NZ\$1,000 and an application in multiples of NZ\$1,000, on and in accordance with the Terms and Conditions in the accompanying SPP booklet. Capitalised terms used but not defined in this Application Form have the meanings given to them in the SPP booklet.

Please indicate the value of the Shares you are applying for below, and pay by cheque or direct credit as instructed in this Application Form.

Value of Shares applied for:

NZ\$,000.00
------	---------

Payment

Please indicate by placing a tick (✓) in one of the boxes below whether you wish to make payment by cheque or direct credit.

<input type="checkbox"/> Option 1: Payment by direct credit PAY TO: Computershare Investor Services Limited – AFT Offer BANK NAME: ANZ Bank BRANCH: Takapuna, Auckland, New Zealand SWIFT CODE (for international bank transfers): ANZBNZ22 ACCOUNT NUMBER: 01-0274-0117695-02 Email this completed form and proof of payment to aft@computershare.co.nz Enter the following with your bank deposit: PARTICULARS: Your CSN/Holder number (printed at the beginning of this form) REFERENCE: Your Surname and Initial If you are making your payment from an international bank account not within New Zealand, please ensure all fees are covered for the electronic funds transfer. Please select “Our” fees with your bank transfer to cover all bank transaction costs. APPLICANTS MUST COMPLETE THIS FORM AND RETURN IT WITH PROOF OF PAYMENT TO THE SHARE REGISTRAR BY THE CLOSING DATE	<input type="checkbox"/> Option 2: Payment by cheque Made payable to “AFT Share Purchase Plan” and crossed “Not Transferable”. Cheques must be for immediate value drawn on a New Zealand bank. Do not post-date the cheque. Do not forget to sign the cheque.
---	--

Payment must be for the same amount as the amount you applied for above.

CUSTODIANS

If you are a Custodian acting on behalf of a beneficial owner you must complete this section. Please note a separate Application Form must be completed for each beneficial owner for whom you act as a Custodian.

Please state the number of beneficial owners for whom you act as a Custodian:

Please state the number of such beneficial owners who wish to apply for Shares under the SPP*:

Please state the total dollar value of Shares to be purchased on behalf of those beneficial owners:

NZ\$

**Custodians must prepare and attach a schedule showing the full names and addresses of each beneficial owner for whom they are applying for Shares, the dollar amount of Shares each beneficial owner has instructed the Custodian to apply for, and the number of Shares that the Custodian holds on behalf of each such beneficial owner (attach additional sheets to this Application Form). Please contact the Share Registrar if you are unsure as to the form or content of this schedule.*

CERTIFICATION

By accepting this offer and applying for Shares under the SPP, you are agreeing to the Terms and Conditions (in particular those described in section 7 of the SPP booklet, and in relation to Custodians, those in section 4 of the SPP booklet) and you are providing the certification set out in this Application Form, under the heading "Certification". **Please read that section carefully.**

SIGNATURES**FOR AN INDIVIDUAL OR JOINT HOLDERS OR HOLDER OF POWER OF ATTORNEY:**

Shareholder/Authorised Person

Shareholder/Authorised Person

FOR A COMPANY:

Director/Authorised Person

Director/Authorised Person

DATED the _____ day of _____ 2017

Please note: If a company is signing, it must be signed on behalf of the company by a person duly authorised for that purpose. If this Application Form is signed under a power of attorney, the attorney must complete a certificate of non-revocation of power of attorney – please contact the Share Registrar for the form of this certificate.

CONTACT DETAILS

Please provide your contact details below.

Contact name

Daytime telephone number

Email address

This offer closes at 7.00pm on 12 June 2017 (NZ time).

Applications MUST be received by the Share Registrar before this time. Please allow adequate time for mail deliveries.

INSTRUCTIONS

How to complete this Application Form:

Read carefully the terms and conditions (“**Terms and Conditions**”) of the AFT Share Purchase Plan (“**SPP**”) contained in the booklet accompanying this Application Form. If you do not understand the Terms and Conditions or this Application Form or if you have any questions about what to do in relation to the SPP, please consult your financial or other professional adviser.

1. Application

- Enter the value of the Shares you wish to apply to subscribe for by filling in the box in the “Application for Shares and Payment” section of this Application Form.
- Apply for Shares having a parcel value that is between NZ\$1,000 and NZ\$15,000 (and is a multiple of NZ\$1,000).
- Make one application only, whether personally or through a Custodian.
- You must pay in New Zealand dollars.
- If paying by direct credit, make your payment into the bank account set out on page 1 of this Application Form and **make sure you include your CSN/Holder number printed on page 1 of this Application Form in the particulars field**. Do not forget to attach your payment confirmation when you return this Application Form.
- If paying by cheque, make your cheque payable to “**AFT Share Purchase Plan**”. The date of the cheque should be the date you fill it in. Do not post-date the cheque. Cross the cheque “Not Transferable”. Do not forget to sign the cheque.
- The cheque or direct credit must be for the same amount as the amount in the box you have filled in on page 1 of this Application Form.
- If AFT receives application monies in excess of NZ\$1.25 million, it will scale acceptance, which may result in you receiving a refund as described in the Terms and Conditions.

2. Certification

I/we irrevocably apply for the value of Shares indicated in this Application Form (or such other number of Shares as may be allocated to me/us), and agree that:

- By applying for Shares, I/we acknowledge that this Application Form was distributed with the SPP booklet containing the Terms and Conditions dated 24 May 2017, and confirm that I/we have read this Application Form and the SPP booklet in their entirety. I/we agree to the Terms and Conditions.
- If I am/we are not a Custodian, I/we certify that:
 - my/our registered address is in New Zealand, or in the United States of America and I/we have returned to AFT an Accredited Investor Questionnaire certifying that I am/we are (an) Accredited Investor(s);
 - I/we held Shares on the Record Date;
 - the aggregate of the application amount paid by me/us for:
 - the Shares the subject of this application;
 - any other Shares applied for by me/us, or issued to me/us, under the SPP or any similar arrangement in the 12 months prior to the date of this application;
 - any other Shares which I/we have instructed a Custodian to acquire on my/our behalf under the SPP; and
 - any other Shares issued to a Custodian in the 12 months before this application as a result of an instruction given by me/us to the Custodian to apply for Shares on my/our behalf under an arrangement similar to the SPP,does not exceed NZ\$15,000.
- If I am/we are completing this form as a Custodian, I/we certify that:
 - I/we hold Shares directly or indirectly as a Custodian for beneficial owners;
 - the number of beneficial owners for which I am/we are holding those Shares as Custodian is set out on page 2 of this Application Form;
 - the name and address of each beneficial owner on whose behalf I am/we are submitting this Application Form is set out in the attached schedule;
 - the number of Shares I am/we are holding on behalf of each such beneficial owner is set out in the attached schedule;
 - the beneficial owners on whose behalf I am/we are submitting this Application Form each have a registered address in New Zealand or Australia;
 - each beneficial owner (or the beneficial owner’s agent) has instructed me/us to apply for, and accept, under the SPP the value of Shares set out next to their name in the attached schedule;
 - a copy of the SPP booklet dated 24 May 2017 has been provided to each of those beneficial owners;

- the total dollar value of Shares I/we are applying for on behalf of beneficial owners is not more than NZ\$15,000 per beneficial owner;
 - I/we undertake not to accept on behalf of any beneficial owners for which I/we act directly or indirectly as a Custodian, in any 12 month period, Shares under the SPP and/or any similar arrangement the total issue price of which is more than NZ\$15,000 per beneficial owner;
 - there are no beneficial owners in respect of which the total of the application price for the following exceeds NZ\$15,000:
 - (i) the Shares applied for by the Custodian on their behalf under the SPP; and
 - (ii) any other Shares issued to the Custodian in the 12 months before the application as a result of an instruction given by them to the Custodian to apply for Shares on their behalf under an arrangement similar to the SPP; and
 - the beneficial owners on whose behalf I am/we are submitting this Application Form are not making an application as an Eligible Shareholder for Shares under the SPP, and no other Custodian is submitting an application under the SPP for those beneficial owners.
- If my registered address is in the United States of America, I further certify that:
 - I have completed and returned to AFT an Accredited Investor Questionnaire certifying that I am an Accredited Investor;
 - I am sufficiently experienced in financial and business matters to be capable of evaluating the merits and risks of this investment and to make an informed decision relating thereto. I have the financial capability for making the investment, can afford a complete loss of the investment and the investment is a suitable one for me;
 - I have had the opportunity to ask questions and receive answers from representatives of AFT concerning the finances, operations, business and prospects of AFT;
 - I am acquiring the Shares for my own account for the purpose of investment and not with a view to, or for resale in connection with, the distribution thereof, nor with any present intention of distributing or selling the Shares. I understand that the Shares are not being registered under the US Securities Act of 1933, as amended (the "Securities Act"), and are not being registered under any state "blue sky" laws, and the Shares may not be transferred except in compliance with such laws;
 - I understand that the Shares have not been registered under the Securities Act by reason of a specific exemption therefrom and that the Shares must be held indefinitely, unless they are subsequently registered under the Securities Act or they are sold in a transaction exempt from registration. I further acknowledge and understand that AFT is under no obligation to register the Shares; and
 - the Shares were not offered to me by means of publicly disseminated advertisements or sales literature, nor am I aware of any offers made to other persons by those means.

3. Signatures

Please sign this Application Form in the "Signatures" section where indicated. If a company is signing, it must be signed on behalf of the company by a person duly authorised for that purpose. If the Application Form is signed under a power of attorney, the attorney must complete a certificate of non-revocation of power of attorney – please contact the Share Registrar for the form of this certificate.

4. Contact Details

Fill in your daytime telephone number, contact name and email, as we may need to contact you. For example, we may need to contact you if you have not filled in this Application Form correctly.

5. Return Address

Post this Application Form (and your cheque, if paying by cheque) so that it is **received before 7.00pm on 12 June 2017 (NZ time)**. You should allow sufficient time for delivery by the postal service. Application Forms and cheques received after the Closing Date may not be processed regardless of when they are postmarked. We have included a reply paid envelope for your convenience.

You may also:

Use a standard envelope to post your Application Form and payment to the following address:

AFT Pharmaceuticals Limited
C/- Computershare Investor Services Limited
Private Bag 92119
Auckland 1142

If you are paying by direct credit, email your completed Application Form and proof of payment to:

aft@computershare.co.nz