Annual Meeting of Shareholders of AFT Pharmaceuticals Limited Milford Cruising Club, 24 Craig Road, Milford, Auckland on Friday, 2 August 2019 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 hofor 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.

No shareholder is restricted from voting on resolutions 1 to 5.

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.

Proxy/Voting Form

STEP 1	Appoint a Proxy to Vote	on Your Behalf					
I/We being a sec	urityholder/s of AFT Pharmaceut	icals Limited	1	7			
hereby appoint * of							
Limited to be hell our proxy thinks fi	o act generally at the meeting on my/ 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 following difectivating Road, Milford, Auckland, NZ on Friday, 2 August 201 relevant listing rules) on any resolutions to amend any of the valjournment thereof) so as to give effect to my/	9 at 1 (Ne	ew Zeala ıy resoluti	nd time) , on so am	and to vo	te as my/
	ame a person as your proxy or your th your express direction.	named proxy does not attend the meeting, the Chakman	n will be appoint	ed your p	oroxy and	may onl	y vote in
STEP 2	Items of Business - Votir	ng Instructions/Ballot Pape if a Poll s ca	alled)				
Please note: If you mark the Abstain box for an item, you are directing your proxy not to vote on your behalf on a show of hands or a poll and your votes will not be counted in computing the required majority.							
Ordinary Resolut	tions			_			Proxy
Item 1		fix the fees and expenses of Delon, as auditor for the 2020	financial year.	For	Against	Abstain	Discretion
Item 2	That Dr Hartley Atkinson be re-elect	red as a director of Pharmaceuticals Limited.					
Item 3	That Mr Jon Lamb be re-elected as	a direct of Al Pharmaceuticals Limited.					
Item 4	That Dr John Douglas Wilson be re-	d as a direct of AFT Pharmaceuticals Limited.					
Special Resolution							
Item 5		Company is revoked, and the constitution tabled at the meet obes that accompany the Notice of Annual Meeting, is adopte					
Signature of Securityholder(s) This section must be completed.							
Securityholder 1 Securityholder 2 Securityholder 3							
Jecuntynoluei I		occurryriolaer 2	Jeour Hymoluer	J			
or Sole Director/Director		or Director (if more than one)					

Contact Daytime Telephone —

ATTENDANCE SLIP

