

OFF MARKET TRANSFER FORM

For Instructions on completion please see overleaf

FOR THE CONSIDERATION stated below the "Transferor(s)" named below do hereby transfer to the "Transferees(s)" named below the Securities specified below subject to the several conditions on which the said Securities are now held by the Transferor(s) and the Transferee(s) do hereby accept and hold the said Securities subject to the conditions aforesaid.

(1) FULL NAME OF ISSUER OF SECURITIES MHV WATER LIMITED	
(2) FULL DESCRIPTION OF SECURITIES	
(3) NUMBER OF SECURITIES TO BE TRANSFERRED	
(4) SELLER/TRANSFEROR	(4a) CSN / HOLDER NUMBER
FULL NAME & ADDRESS IN CAPITALS	
	Phone Number – Business Hours

(5) CONSIDERATION _____ / _____ PER SHARE

(6) BUYER/TRANSFEEE	CSN / HOLDER NUMBER
FULL NAME & ADDRESS IN CAPITALS	
	IRD NUMBER
	<i>If you hold a current Tax Exemption Certificate, please attach a copy</i>

BUYER TO COMPLETE:

Future Dividend / Interest Payments

Method of payment either: Direct credit to my Bank Account Number below or

Pay by cheque to my Postal Address

Account Name: _____

<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td></tr> </table> <table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="display: inline-table; width: 100px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>																					<p>Bank Branch Account Number Suffix</p>

DATE OF EXECUTION ____ day of _____ 20____

(7)
SIGNED BY THE TRANSFEROR IN THE PRESENCE OF

Signature of Witness

Address

Signature of Transferor(s) (Seller)

SIGNED BY THE TRANSFEROR IN THE PRESENCE OF

Signature of Witness

Address

Signature of Transferor(s) (Seller)

SIGNED BY THE TRANSFEEE IN THE PRESENCE OF

Signature of Witness

Address

Signature of Transferee(s) (Buyer)

SIGNED BY THE TRANSFEEE IN THE PRESENCE OF

Signature of Witness

Address

Signature of Transferee(s) (Buyer)

INSTRUCTIONS ON COMPLETING THIS FORM

A separate transfer form is required for each class of security to each buyer/s (transferee/s).

- 1) Complete the full name of the Company in which you hold the securities.
- 2) Full description of securities (e.g. Ordinary Shares).
- 3) Number of securities to be transferred to the buyer/s (transferee/s).
- 4) The full name/s of the seller/s (transferor/s) and the CSN / Holder No as shown on your FASTER Transaction Statement.
- 5) Against 'Consideration' enter the amount being paid for the securities or state 'gift', 'nil', or 'no change in beneficial ownership'.
- 6) Full name/s and address of buyer/s (transferee/s).
Note that under Sec 92 of the Companies Act, 1993, securities may not be registered into the name of a Trust (unless it is a Registered Charitable Trust, and documented evidence produced to our office for noting). In the case of other trusts, shares must be registered in the name/s of the trustee/s. The word 'Trust' must not be used in any part of the registered name or address.
- 7) The transfer form must be signed by the seller/s (transferor/s) and buyer/s, dated and witnessed.
- 8) If the form is being signed under a Power of Attorney, the Certificate of Non-Revocation below should also be completed.

The completed transfer/s would then be forwarded to the Share Registry. Any balance will be issued back to the seller/s (transferor/s), detailed on a FASTER Transaction Statement.

CERTIFICATE OF NON-REVOCATION OF POWER OF ATTORNEY

I _____
of, _____

HEREBY CERTIFY

- 1) THAT I am the **Attorney** of _____ under and by virtue of a **Power of Attorney dated this _____ day of _____ 20____ given to me by him (her/them).**
- 2) THAT I have executed the transfer of securities printed on the face hereby as **Attorney** under the said **Power of Attorney** and pursuant to the powers thereby conferred upon me.
- 3) THAT I have not received any notice or information of the revocation of the said **Power of Attorney** by death or otherwise and I believe the same to be in full force and effect.

SIGNED at _____

This _____ day of _____ of 20____

SIGNATURE _____

PLEASE RETURN COMPLETED FORM TO:

MHV Water Limited
326 Burnett Street
Ashburton 7700

ENQUIRIES:

Tel: (03) 975 8547
Fax:
Email: carmen@irrigo.co.nz
Web: www.mhvwater.nz

Link Market Services Limited
PO Box 384,
Ashburton 7740

Tel: (03) 308 8887
Fax: (03) 308 1311
Email: Imsenquiries@linkmarketservices.com
Web: www.linkmarketservices.com