



OFF MARKET TRANSFER FORM

For Instructions on completion please see overleaf

	s on which the said Securities a	b hereby transfer to the "Transferees(s)" named below the Securities are now held by the Transferor(s) and the Transferee(s) do hereby				
(1) FULL NAME OF ISSUER OF SECURITIES						
(2) FULL DESCRIPTION OF SECURITIES						
(3) NUMBER OF SECURITIES TO BE TRANSF	ERRED					
(4) SELLER/TRANSFEROR		(4a) CSN / HOLDER NUMBER				
FULL NAME & ADDRESS IN CAPITALS						
		Phone Number – Business Hours				
(5) CONSIDERATION	/	\$1.00 PER SHARE				
(6) BUYER/TRANSFEREE	/	CSN / HOLDER NUMBER				
FULL NAME & ADDRESS IN CAPITALS						
		IRD NUMBER				
		If you hold a current Tax Exemption				
		Certificate, please attach a copy				
BUYER TO COMPLETE:						
Future Dividend / Interest Payments						
Method of payment either:	Direct credit to my Bank Acco	ount Number below or				
meaned of payment entitier.	Pay by cheque to my Postal /					
Account Name:						
Rook Brooch Account Number	0 <i>t</i> ti					
Bank Branch Account Number	Suffix					
DATE OF EXECUTION day of	20					
(7)						
SIGNED BY THE TRANSFEROR IN THE PRES	SENCE OF					
Signature of Witness						
Address	Address Signature of Transferor(s) (Seller)					
SIGNED BY THE TRANSFEROR IN THE PRES	SENCE OF					
Signature of Witness						
Addross		Conchurs of Type stars det (Dellar)				
Address		Signature of Transferor(s) (Seller)				
SIGNED BY THE TRANSFEREE IN THE PRES						
Signature of Witness						
Address		Signature of Transferee(s) (Buyer)				
SIGNED BY THE TRANSFEREE IN THE PRESENCE OF						
Signature of Witness						
Signature of Witness						

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:	ENQUIRIES:	
MHV Water Ltd	Tel:	(03) 307 8389
326 Burnett Street	Fax:	
ASHBURTON 7700	Email:	info@mhvwater.nz
	Web:	www.mhvwater.nz
Link Market Services Limited	Tel:	(03) 308 8887
PO Box 384,	Fax:	(03) 308 1311
Ashburton 7740	Email:	Imsenquiries@linkmarketservices.com
	Web:	www.linkmarketservices.com