## DIVIDEND REINVESTMENT PLAN PARTICIPATION NOTICE



## Do not complete this form if you wish to receive cash dividends.

## Name and Address

Registered Holder(s)		This Nation should be ustumed to Maulin's shows verification at				
Description of Shares		This Notice should be returned to Marlin's share registrar at: Marlin Global Limited Share Registrar Computershare Investor Services Limited Level 2, 159 Hurstmere Road Takapuna Private Bag 92119 AUCKLAND 1142				
Holder No.	Shares Held	Refer to the Offer Document for details of when your participation will commence. It will depend on when this				
A Dividend Reinvestment Plan operates for your Marlin Global Shares. If you wish to receive all or part of your dividend in Marlin Global Shares, simply complete and return this form to the share registrar at the address shown. Information about the Dividend Reinvestment Plan is set out in the current Offer Document for the Plan. Capitalised terms in this Notice have the meaning given to them in the Offer Document. Complete the appropriate box if you wish to participate in the Plan for all, or for some, of your Marlin Global Shares. Tick the first box if Full Participation is required. If Partial Participation is required, either state the number of Marlin Global Shares you wish to participate in the second box, or the percentage of your shareholding (shares) that you wish to participate in the third box.						
		(Name of Attorney) of (Address and Occupation of Attorney) Hereby Certify: 1. That by a Power of Attorney dated the day of 20 Name				
-	ial Participation     Partial Participation       aber of shares)     (percentage of share)       Or     Or					
Joint holders must each sign. Companies must execute by an authorised officer or attorney. If signed by an attorney, a non-revocation declaration must accompany this Notice and the relevant authority must either have been exhibited previously to Marlin or must accompany this Notice. Marlin Global may suspend, vary or terminate your participation, subject to the Terms and Conditions of the Plan set out in the Offer Document. I / We acknowledge receipt of a copy of the Offer Document. I / We agree to be bound by the Terms and Conditions of the Plan		Occupation <i>(of person for whom Attorney is signing)</i> "the Donor" appointed me his / her / its Attorney on the terms and conditions set out in the Power of Attorney. 2. <b>That</b> I have executed this Notice as Attorney under that Power of Attorney and pursuant to the powers thereby conferred upon me.				
Signature of Holder(s)	Date					

this

Signature of Attorney

day of

20

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