

DMS Progrowers Ltd (DMS Progrowers or the Company)

Application Form for A Shares

Before completing this Offer Application Form, applicants should read the DMS Progrowers Ltd Product Disclosure Statement dated 31 October 2019 (in respect of an offer of Class A Shares in DMS Progrowers Limited (OFR11778)) (**PDS**).

PLEASE WRITE IN BLOCK CAPITAL LETTERS

NAME OF INVESTING ENTITY:

The investing entity may be a natural person(s), partnership, company or other entity.

Applications must be accompanied by payment in full (see below). The Company may accept or reject all or part of your application without giving any reason.

Please return this application form and all other required documents to:

DMS Progrowers Limited
PO Box 13210
195 Devonport Road
Tauranga 3141

NUMBER OF SHARES APPLIED FOR:

(\$ _____ x _____ trays production*) / Offer Price as at the date of application

rounded down to the nearest whole number of A Shares and subject to a maximum of _____ A Shares

*trays production means the number of tray equivalents of kiwifruit packed by the applicant with DMS Progrowers Limited during the _____ season

OR _____ A Shares

Applications must be accompanied by payment in full. Payment must be in New Zealand currency.

You may choose only ONE of the three PAYMENT options below. Please tick the box next to your selected option (✓).

OPTION 1

Irrevocable authority to assign payment from the next DMS Progrowers Rebate Payment.

OPTION 2

Direct credit to: Cooney Lees Morgan Trust Account, Westpac, Tauranga branch, account no: 03-0435-0160337-002, using the following reference:

Reference: DMS Progrowers Share Offer

Code: Investing entity's IRD number

Particulars: Name of investing entity

OPTION 3

Please find attached my payment by cheque payable to "DMS Progrowers Ltd" and crossed "Not Transferable". Cheques must be drawn on a New Zealand registered bank and must be made in New Zealand dollars.

PAYMENTS

Please nominate a New Zealand bank account, to be used for all payments to you:

ACCOUNT NAME

BANK

BRANCH

ACCOUNT NUMBER

BANK

BRANCH

ACCOUNT NUMBER

SUFFIX

SIGNATURES OF APPLICANTS – PLEASE READ THIS BEFORE SIGNING

I/We confirm that I/we have received, read and retained a copy of the PDS for the offer of A Shares in the Company to which this Application Form relates and agree to be bound by the terms and conditions of the Company’s constitution.

I/We understand that investment in DMS Progrowers is subject to investment risk, including loss of sums invested. I/We understand that neither the Company nor any other person guarantees the performance of the Company, the repayment of capital or any particular rate of return.

I/We agree to the terms outlined below in relation to the Privacy Act, the supply of personal information and email use and confirm that all investor details provided are true and correct.

I/We:

- hereby apply for the amount of A Shares set out above and agree to accept such Shares (or such lesser number as may be allocated to me) on, and subject to, the terms and conditions set out in the PDS;
- acknowledge and agree that this application is irrevocable once received by DMS Progrowers provided that it remains subject to acceptance by DMS Progrowers; and
- acknowledge that DMS Progrowers may accept or decline the application in whole or in part at its sole discretion.

(Print full name)_____

(Signature)_____

(Date)_____

(Print full name)_____

(Signature)_____

(Date)_____

(Print full name)_____

(Signature)_____

(Date)_____

(Print full name)_____

(Signature)_____

(Date)_____

(Print full name)_____

(Signature)_____

(Date)_____

(Print full name)_____

(Signature)_____

(Date)_____

NOTES:

Where applying as a **general partnership** *all partners* must sign the application form.

Where applying as a **trust**, all trustee names are required (in addition to the name of the trust) and *all trustees* (including any independent/professional trustees) must sign the application form.

If the investing entity is a **company** *all directors* must sign this application form.

APPLICATION CHECKLIST

Has the Application Form been fully and correctly completed?

Have all applicants signed the Application Form (see notes above)?

Have all requested Investor Details been provided (see below)?

PRIVACY AND ELECTRONIC MESSAGES***Privacy Act 1993***

The personal information that you provide to us by way of this application and any subsequent personal information you may provide in the future may be used by DMS Progrowers (and its related entities) for the purposes of arranging and managing your investment and to contact you in relation to your investment.

You authorise DMS Progrowers to disclose your personal information to any third parties as required to perform services on your behalf; to regulatory bodies or law enforcement agencies as may be required by law; and otherwise to meet the Company's regulatory obligation.

You have the right to access all personal information that DMS Progrowers holds about you. If any of such information is incorrect you have the right to have it corrected.

Unsolicited Electronic Messages Act 2007

You consent to the Company providing information and correspondence to you electronically.

Application Form – Investor Details

Please provide all of the investor details requested:

OPTION A: Individual / Partnership (NB: in the case of a partnership the names and details of all partners must be provided)

Investor Name/s:

Is the Investor a kiwifruit grower? Please confirm yes or no. If you respond yes please provide appropriate evidence (e.g. DMS Grower Reference)

If you are not a kiwifruit grower then you will only be able to be allocated previously issued shares.

IRD Number:

Date of Birth:

Physical Address:

Email Address:

Phone Number:

Postal Address:

OPTION B: Company**Investor (i.e. Company) Name:**

Is the Investor a kiwifruit grower? Please confirm yes or no. If you respond yes please provide appropriate evidence (e.g. DMS Grower Reference)*If you are not a kiwifruit grower then you will only be able to be allocated previously issued shares.*

IRD number of company:

Company Number:

Physical Address:

Contact Person:

Contact Person Email Address:

Contact Person Phone Number:

Postal Address:

OPTION C: Trust

Investor (i.e. Trust) Name:

Is the Investor a kiwifruit grower? Please confirm yes or no. If you respond yes please provide appropriate evidence (e.g. DMS Grower Reference)

If you are not a kiwifruit grower then you will only be able to be allocated previously issued shares.

IRD number of Trust:

Name of each trustee:

Address of each trustee:

Physical Address:

Contact Person:

Contact Person Email Address:

Contact Person Phone Number:

Postal Address:
