

INSTRUMENT OF TRANSFER

KING COUNTRY ENERGY JOINT VENTURE COMPULSORY ACQUISITION OF SHARES IN KING COUNTRY ENERGY LIMITED

This form must be returned so as to be received by King Country Energy Joint Venture no later than 11.59pm on 28 March 2018

Shareholder/Seller ("**you**")

Number of Shares held as at
1 March 2018:

CSN / Holder number:

Total Consideration:

PLEASE REFER TO THE INSTRUCTIONS OVERLEAF FOR DIRECTIONS ON HOW TO COMPLETE THIS INSTRUMENT OF TRANSFER

By signing this instrument of transfer ("**Transfer Form**") you hereby:

- (a) transfer to King Country Energy Holdings Limited ("**KCEHL**") as a member of the unincorporated joint venture ("**KCE JV**") established by KCEHL and the trustees of the King Country Electric Power Trust (being Robert Carter, Graeme Cosford, Uwe Kroll, Adrian Doyle and Niel Groombridge) all the shares in King Country Energy Limited ("**KCE**") registered in your name ("**Shares**") at the time this Transfer Form is presented to KCE JV for registration, in consideration for the payment to you by KCE JV of \$5.00 for each Share transferred by you to KCEHL as a member of KCE JV; and
- (b) represent and warrant to KCE JV that:
 - (i) you are the registered holder of the Shares and that title to each of your Shares will be transferred to KCEHL as a member of KCE JV free of all security interests, charges, liens, mortgages, encumbrances and adverse interests and claims of any kind, but together with all rights attaching to them, and no other person holds any interest in the Shares; and
 - (ii) you have full power and capacity to sell and transfer the Shares to KCEHL as a member of KCE JV.

SIGNATURES

Dated and signed the _____ day of _____ 2018

| SIGNATURE(S) FOR AN INDIVIDUAL/ATTORNEY/TRUSTEE | SIGNATURE(S) FOR A COMPANY |
|---|----------------------------|
| | |
| | |
| | |

Contact Daytime phone number

Email Address

| ONLY COMPLETE THE FOLLOWING SECTION IF THE ACCEPTANCE FORM IS SIGNED UNDER A POWER OF ATTORNEY | |
|---|--|
| CERTIFICATE OF NON-REVOCAION OF POWER OF ATTORNEY | |
| I _____ of _____, _____, certify: | |
| full name of power of attorney | place and country of residence |
| occupation | |
| 1. That by deed dated _____, _____, of _____, | |
| date | full name of donor (individual or corporate) |
| place and country of residence / registered office | |
| appointed me his / her / its attorney. If the donee of the power is a body corporate, I confirm that I am authorised to give this certificate on its behalf and the capacity in which I give this certificate for the attorney is as _____. | |
| insert director / officer / other capacity | |
| 2. That I have not received notice of any event revoking the power of attorney. | |
| SIGNED at _____ this _____ day of _____ | |
| Signature & Name of Attorney | |

