

PARTICIPATION NOTICE IN RESPECT OF DIVIDEND REINVESTMENT PLAN

THIS DOCUMENT IS VALUABLE: Do not complete this form until you have read the accompanying Scott Technology Limited (Company) Dividend Reinvestment Plan (Plan) offer document dated 21 September 2021 (Offer Document). If in doubt as to its use, you are advised to consult your share broker, bank manager, solicitor, accountant or other financial advisor immediately.

Registered Holder/s	Description of Shares	
	Holder Number	Shares Held

IMPORTANT: Please complete and return this form if you wish to participate in the Plan in full or in part.

STEP 1 CHECK DETAILS	If the above details are incorrect please amend and sign here.
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STEP 2 CHOOSE ONE ALTERNATIVE	I/WE elect to participate in the Plan at the level of participation nominated below and, accordingly, elect to invest my/our cash dividends from the Company on participating shares in fully paid ordinary shares in the Company:		
EITHER	Full Participation – include all fully paid ordinary shares registered in my/our name(s). A <input type="checkbox"/> For full participation, please place a tick in the box		
OR	Partial Participation – include the number of fully paid ordinary shares registered in my/our name(s) shown below. B <input type="checkbox"/> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 50px; height: 20px;"></td> <td>No. of shares</td> </tr> </table> For partial participation, please place a tick in the box and insert the number of ordinary shares to participate in the space provided. <i>(NB: If you do not complete the above in relation to partial participation your application will be deemed to be for full participation).</i>		No. of shares
	No. of shares		

STEP 3 SIGN NOTICE	I/WE agree to be bound by the terms and conditions of the Plan as set out in the Offer Document received and read by me/us.	
	I/WE hereby revoke any previous Participation Notice. This Participation Notice is not valid unless duly completed and signed:	
	Signature	Signature
	Dated this	day of 20

I/WE acknowledge that I/WE have received and read a copy of the Offer Document.

I/WE agree to be bound by the terms and conditions of the Scott Technology Dividend Reinvestment Plan set out in the Offer Document dated 21 September 2021 and this form. Participation will commence on the first Record Date in respect of the first dividend payment after receipt by the Registrar of this Participation Form, correctly completed or, if the Participation Notice is received after a Record Date, but before 5.00pm (New Zealand time) on the relevant Election Date, from that Record Date (as those relevant capitalised terms are defined in the Offer Document). Participation will continue to apply until varied or terminated in accordance with the terms and conditions of the Plan.

If joint holders, each must sign.
Companies must execute by an authorised officer or attorney. If signed by an attorney, the power of attorney must either have been previously produced to the Company or must accompany this Participation Notice. In either case, the Certificate of Non-Revocation of Power of Attorney on the reverse must be completed.

STEP 4 RETURN NOTICE	Return the signed and completed Participation Notice to the Share Registry
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> FOR EXPLANATION SEE OVERLEAF

FULL PARTICIPATION

If you wish to participate in the Plan in respect of your total holding of fully paid ordinary shares in the Company please place a tick beside alternative A, sign the Participation Notice and forward it to the Company’s Share Registry. Full participation means that all ordinary shares issued pursuant to the Plan in the future will also participate in the Plan.

PARTIAL PARTICIPATON

If you wish to participate in the Plan only in respect of some of your fully paid ordinary shares please place a tick beside alternative B, write the number of ordinary shares that you wish to participate in the Plan in the space provided, sign the Participation Notice and forward it to the Company’s Share Registry.

NEW ZEALAND ADDRESS

Your completed Participation Notice be posted to:

Scott Technology Limited Share Registrar
 C/- Link Market Services
 P O Box 91976
 AUCKLAND 1142,
 NEW ZEALAND

Or scanned and emailed to enquiries@linkmarketservices.co.nz

IF SIGNING UNDER POWER OF ATTORNEY THE ATTORNEY(S) SIGNING MUST SIGN THE FOLLOWING CERTIFICATE OF NON-REVOCATION OF POWER OF ATTORNEY			
I/WE		(Insert name of attorney signing)	
OF		(Address and Occupation of attorney signing)	
HEREBY CERTIFY THAT:			
1.	By a Power of Attorney dated the _____ day of _____, the Registered Holder/s named and described on the face of this form (“the Donor”) appointed me/us his/her/its attorney on the terms and conditions set out in that Power of Attorney.		
2.	I/we have executed the form printed on the face of this document as attorney pursuant to the powers conferred on me/us by that Power of Attorney.		
3.	At the date of this certificate, I/we have not received any notice or information of the revocation of that Power of Attorney, whether by the death or liquidation of the Donor or otherwise.		
Signed at		this _____	day of _____ 20____
Signature(s) of Attorney(s) <i>NOTE: Your signature does not require witnessing.</i>			