



Promisia

Promisia Healthcare Limited WARRANTS EXERCISE FORM FOR 24 March 2027 EXPIRY DATE

Warrant Holder (the *Holder*)

CSN/Holder Number

Number of Warrants Held

Please indicate the number of warrants in Promisia Healthcare Limited (*Warrants*) that you wish to exercise:

Please indicate the consideration payable, calculated at \$0.50 for each Warrant that you wish to exercise:

\$

PAYMENT OPTIONS are DIRECT CREDIT

Direct Credit to
Promisia Healthcare Ltd
02-0792-0165304-000 (NZD)

Payments to be made by direct credit (funds transfer). You must enter your CSN/Holder Number as the reference in the box below to ensure your payment is identifiable. This completed notice must be returned to MUFG Pension & Market Services by email to applications.nz@cm.mpms.mufg.com by no later than the due date 24 March 2027. Please use "PHL Warrants" in the subject

Deposit Reference
(CSN Number)

Particulars
(Name)

Date of
Payment

By completing this form and making the necessary payment the Holder hereby:

- (a) elects to exercise the number of Warrants indicated above (and if no number has been inserted above, all Warrants held) at \$0.50 per Warrant and on the terms set out in the Warrant Terms of Issue;
- (b) agrees to subscribe for a number of shares in Promisia Healthcare Limited attributable to the number of Warrants exercised; and
- (c) as set out on the next page of this form, enters into an indemnity in favour of and for Promisia Healthcare Limited.

Any Warrants not exercised by **5pm on 24 March 2027** (Expiry Date) will lapse and all rights in regard to them will expire.

FOR AN INDIVIDUAL / JOINT/ ATTORNEY	FOR A COMPANY / BODY CORPORATE
Signature(s) 	Signature(s)



IF THIS FORM IS SIGNED UNDER POWER OF ATTORNEY, THE ATTORNEY(S) SIGNING MUST SIGN THE FOLLOWING CERTIFICATE:

CERTIFICATE OF NON-REVOCATION OF POWER OF ATTORNEY

I/we, _____
[Insert name of Attorney(s) signing]

of _____
[Address and Occupation]

HEREBY CERTIFY:

1. THAT by a deed dated the _____ day of _____ (the *Power of Attorney*) the Holder named and described on the face of this form (the *Donor*) appointed me his/her/its/their attorney on the terms and conditions set out in that Power of Attorney.
2. THAT I/we have executed the form printed on the face of this document as attorney under that Power of Attorney and pursuant to the powers thereby conferred upon me/us.
3. THAT at the date hereof I/we have not received any notice or information of the revocation of that Power of Attorney by the death (or winding up) of the Donor or otherwise.

Signed at _____ this _____ day of _____

Signature of Attorney(s)

NOTE: Your signature does not require witnessing

- 1 **INTERPRETATION:** In this form, references to the Holder in the singular shall include the plural.
- 2 **TO ACCEPT THE OFFER:** Complete this form.
- 3 **ON COMPLETION, RETURN THE COMPLETED FORM TO MUFG Pension & Market Services IN ONE OF THE FOLLOWING WAYS:**
 - Email applications.nz@cm.mpms.mufg.com Subject Line "**PHL Warrants**"
 - Hand deliver - Level 30, PwC Tower, 15 Customs Street West, Auckland.
 - Post – PO Box 91976, Auckland 1142

BY THE HOLDER'S COMPLETION OF THIS FORM, THE HOLDER HEREBY DECLARES THAT:

- the Holder is the holder of the Warrants which it is exercising;
- the Holder has not mortgaged, pledged, transferred, granted a security interest or otherwise dealt with the Warrants and no other person holds any interest in the Warrants and they are the property of the Holder absolutely; and
- the Holder will indemnify Promisia Healthcare Limited against any costs, loss or damages arising out of the Warrants being mortgaged, pledged, transferred, subject to a security interest or otherwise dealt with.

WHAT IS A WARRANT?

A Warrant is the right, but not the obligation, to subscribe for and be allotted one ordinary share in Promisia Healthcare Limited for every Warrant exercised on or before the expiry date, being 24 March 2027, for the exercise price of \$0.50 per Warrant. The Warrants are transferrable and are quoted on the NZX Main Board under the ticker code "PHLWA". The full terms of the Warrants are set out in the Warrants Terms of Issue as amended from time to time and announced to the NZX. If you would like a copy of the terms of the Warrants please contact our share registrar, MUFG Pension & Market Services by emailing applications.nz@cm.mpms.mufg.com. Please use "**PHL Warrants**" in the subject line of your email.