

Refund Application Form



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OFFER TO BUY-BACK SHARES

This application form is issued to you in your capacity as a shareholder of Medical Kiwi Limited (“Medical Kiwi”). You acquired shares in Medical Kiwi in August 2020 when Medical Kiwi engaged in a capital raise through the online crowdfunding platform PledgeMe Limited (“PledgeMe”).

As a result of Enforceable Undertakings entered into with the Financial Markets Authority (“FMA”), Medical Kiwi now offers to allow you to exit your investment by buying back your shareholding at the price originally paid by you, being \$1.00NZD per share (“Refund Amount”). The Refund Amount does not necessarily reflect the present value of the shares, and only relates to shares purchased through PledgeMe.

You have 3 weeks from the date upon which you receive this application form to decide whether you want Medical Kiwi to buy-back your shares. After the expiry of that 3 weeks, you will not be able to require Medical Kiwi to buy-back your shares on the terms contained herein.

If you wish to take up Medical Kiwi’s offer to buy-back your shares, please complete this application form and return it to invest@medickiwi.com. Medical Kiwi will make payment of the Refund Amount into your nominated bank account within 4 weeks of receiving back your completed application form. For further information on why Medical Kiwi has entered into enforceable undertakings with the FMA and why you are being made this offer to buy-back your shares, please consult Medical Kiwi’s website, or the email which accompanied this application form. Alternatively, this information is also available on PledgeMe’s website.

SHAREHOLDER DETAILS

Please print in block letters the exact name of the person(s) recorded as being the holder(s) of Medical Kiwi shares as his, her, their, or its name appears on Medical Kiwi’s share register.

In the case of a natural person, please print the person’s full name. In the case of a company, please provide the company’s registered name and the name of at least one of its directors, or authorised signatories. In the case of shares held on trust, please print the full name of each trustee. In all cases, please print the postal address, phone number, and email address of the shareholder(s).

Title and First Name(s):		Surname:		
Title and First Name(s): *		Surname:		
Title and First Name(s): *		Surname:		
Company Name: (if applicable)				
Postal Address:				
Physical Address:	No/Street:			
	Suburb:			
	City:		Postcode:	
	Country:			
Telephone Number:		Email:		

*Only include a name here where the shares are held jointly or on trust.

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AMOUNT FOR REPAYMENT

Please print in block letters the number of shares held by the shareholder(s) stated immediately above and the monetary amount to be repaid on the basis of \$1.00 per share (e.g. If you own 2000 shares in Medical Kiwi, the Refund Amount will be \$2,000.00).

Number of Shares:		Refund Amount:	
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Please provide the name of the bank and the bank account number into which you desire the Refund Amount to be paid into.

Name of Bank:	
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Bank:	Branch No:	Account No:										Suffix:		

SIGNATURE

This application form must be signed by, or on behalf of each shareholder taking up Medical Kiwi’s offer to buy- back his, her, their, or its shares. If the shareholder is a company, it should be signed by at least one director of the company or in accordance with the company’s constitution. If signing as a trustee of a trust, each trustee must sign. If signing as an attorney under a power of attorney, the certificate of non-revocation annexed to this application form will also need to be completed.

Signature of Shareholder:	
Signature of Shareholder:	
Signature of Shareholder:	

TERMS AND CONDITIONS:

By signing this application form, you accept and acknowledge:

- That completion of this application form provides Medical Kiwi with evidence of your unequivocal intention to receive the Refund Amount and sell back to Medical Kiwi all of the shares held in the name of the shareholder(s) identified in this application form.
- That you understand the terms of the buy-back and why the buy-back is being offered to you.
- That you cannot elect to have Medical Kiwi refund only some of your shares, you must elect to have Medical Kiwi refund all of your shares or none at all.
- That payment of the Refund Amount into your designated bank account as detailed in this application form is a full discharge of Medical Kiwi’s liability to pay you the Refund Amount.

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- That payment of the Refund Amount will be made to you within 4 weeks of the date of receipt of this application form by Medical Kiwi.
- That you have the requisite power and authority to complete this application form.
- That all details and statements provided by you in this application form are true and correct and that Medical Kiwi is not responsible for any mistake or error made by you in completing this application form.
- That Medical Kiwi is not obliged to make payment of the Refund Amount in the event that it suspects fraud on your part, or if there is a material inaccuracy in the details or statements provided by you in this application form.
- That upon submitting this form to Medical Kiwi, it cannot be withdrawn or revoked by you unless done so with the permission of Medical Kiwi.
- That if you elect to have Medical Kiwi purchase your shares from you, these shares will be transferred into Medical Kiwi's name, and you shall no longer have any proprietary or other interest in them upon payment of the Refund Amount.
- That payment of the Refund Amount to you will result in you ceasing to be a shareholder of Medical Kiwi and you shall have no further claims against Medical Kiwi for any misstatements or misrepresentations (either accepted or alleged) made by it in association with any crowdfunding activities it may have carried out.
- That you acknowledge that this form does not constitute investment advice and Medical Kiwi recommends that you consult with your financial adviser if you have any uncertainty as to the effects and implications of completing this form.