

## EXERCISE FORM FOR OPTIONS AND APPLICATION FOR SHARES

**TAKE NOTICE** that I/We:

\_\_\_\_\_  
(Name(s) of Registered Option Holder)

\_\_\_\_\_  
(CSN/Holder Number)

being a registered holder as at the date of this notice, of \_\_\_\_\_ Chatham Rock Phosphate Limited options which are quoted on the NZAX Market under the code "CRPOA" ("**Options**") hereby irrevocably exercise my/our right to convert all/\_\_\_\_\_ <sup>1</sup> of the Options held by me/us, and have issued to me/us a corresponding number of Chatham Rock Phosphate Limited ordinary shares at the issue price of \$0.10 per share.

Please find enclosed my/our cheque for \$\_\_\_\_\_ (being the number of Options exercised multiplied by \$0.10) and made out to "Chatham Rock Phosphate Limited".

**Please refer to the guidelines for signing this notice that are set out on the following page.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness Signature – if required)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness Address & Occupation – if required)

**Once completed, this form, together with your cheque, should be returned to:**

Link Market Services Ltd  
P O Box 384  
Ashburton  
NEW ZEALAND

<sup>1</sup> If you are not converting all of your Options, delete the word "all" and insert the number you wish to convert.

## Guidelines for Signing Notice

Entity	Holder Name	Sample Signatures
<b>Company</b> Please ensure that two directors sign, or if only one signs, that his/her signature is witnessed.  If an attorney signs on behalf of the company, please complete the certificate of non-revocation below and attach a copy of the power of attorney (unless the Registrar has previously sighted this).	XYZ Limited	<b>Directors:</b> <i>Mary Jones – Director</i> <i>John Jones – Director</i>  <b>Attorney:</b> <i>XYZ Limited by its duly authorised attorney Mary Jones</i>
<b>Trusts</b> Please ensure all trustees sign the places designated	Mary Jones Family Trust	<i>Mary Jones – Trustee</i> <i>John Jones – Trustee</i>
<b>Partnerships</b> Please ensure a partner signs	Mary and John Jones Partners	<i>Mary Jones – Partner</i> <i>John Jones – Partner</i>
<b>Clubs/Unincorporated Bodies</b> Please ensure office bearers sign	XYZ Fishing Association	<i>Mary Jones – Secretary</i> <i>John Jones – Treasurer</i>
<b>Superannuation Funds</b> Please use name of trustee of Fund	Mary Jones Limited	<i>Mary Jones Limited – Trustee</i>

## ONLY COMPLETE THE FOLLOWING SECTION IF THE FORM IS SIGNED UNDER A POWER OF ATTORNEY

## CERTIFICATE OF NON-REVOCATION OF POWER OF ATTORNEY

(The Attorney(s) signing must sign the following certificate)

I/We \_\_\_\_\_  
 (Insert name of Attorney(s) signing)

Of \_\_\_\_\_  
 (Address and Occupation)

## CERTIFY

1. That by Deed dated \_\_\_\_\_ the Option Holder named and described above appointed me/us his/her/their attorney.
2. I/we have not received any notice of any event of revoking the power of attorney.

Signed at \_\_\_\_\_ on \_\_\_\_\_ 2011

\_\_\_\_\_  
 Signature(s) of Attorney(s)

NOTE: Your signature does not require witnessing.