OFF MARKET TRANSFER FORM

For the consideration stated below the "Transfer(s)" names below do hereby transfer to the "Transferees(s)" named below the Securities specified below subject to the several conditions on which the said Securities are now held by the Transferor(s) and the Transferee(s) do hereby accept and hold the said Securities subject to the conditions aforesaid.		
1.FULL NAME OF ISSUER SECURITIES	ZESPRI Group Limited	
2.FULL NAME DESCRIPTION OF SECURITIES	Ordinary Shares	
3.NUMBER TO BE TRANSFERED		
4. SELLER (TRANSFEROR) FULL NAMES IN CAPITALS		5. HOLDER NUMBER
6. CONSIDERATION ($)		
7. BUYER (TRANSFEREE) FULL NAMES AND **ADDRESS** IN CAPITALS		8. HOLDER NUMBER
DATE OF EXECUTION	____ day of ____ 20 ____	

SIGNED BY THE TRANFEROR IN THE PRESENCE OF ____ Signature of Witness Address ____	____ Signature of **Transferor** (Seller)
SIGNED BY THE TRANFEROR IN THE PRESENCE OF ____ Signature of Witness Address ____	____ Signature of **Transferor** (Seller)
SIGNED BY THE TRANFEREE IN THE PRESENCE OF ____ Signature of Witness Address ____	____ Signature of **Transferor** (Seller)
SIGNED BY THE TRANFEREE IN THE PRESENCE OF ____ Signature of Witness Address ____	____ Signature of **Transferee** (Purchaser)
SIGNED BY THE TRANFEREE IN THE PRESENCE OF ____ Signature of Witness Address ____	____ Signature of **Transferee** (Purchaser)

New Holders should complete the details below to enable us to direct credit dividends

NZ Bank
Account Number: [ ][ ] Bank [ ][ ][ ][ ] Branch [ ][ ][ ][ ][ ][ ][ ] Account Number [ ][ ][ ] Suffix

Account in the name/s of:

IRD Number [ ][ ][ ] [ ][ ][ ] [ ][ ][ ]