

APPOINTMENT OF PROXY
CREDITORS MEETING

NEW EZIBUY LIMITED NZCN 6318249;
EZIBUY CUSTODIAN LIMITED NZCN 7052973;
EZIBUY HOLDINGS LIMITED NZCN 1915120;
EZIBUY LIMITED NZCN 297449;
LAST STOP SHOP LIMITED NZCN 5654828;
EZIBUY OPERATIONS LIMITED NZCN 1439405;
SARA APPAREL LIMITED NZCN 972024
(Administrators Appointed)
("the Group")

| | |
|--|--|
| *I/*We ⁽¹⁾ | |
| Of | |
| being a creditor of the Group, appoint ⁽²⁾ or in his or her absence | |
| to vote for me/us on my/our behalf at the meeting of creditors to be held on, or at any adjournment of that meeting. | |

Please mark any boxes with an X

Proxy Type: General Special

| | For | Against | Abstain |
|---|--------------------------|--------------------------|--------------------------|
| Resolution 1 <i>"That in the event that an alternative Administrator is proposed, that the existing Administrators be replaced and an alternative appointee be appointed in their stead."</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Resolution 2 <i>"That a committee of creditors be appointed."</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

DATED this day of 2023.

Signature

CERTIFICATE OF WITNESS

This certificate is to be completed only if the person giving the proxy is blind or incapable of writing. The signature of the creditor, contributory, debenture holder or member must not be witnessed by the person nominated as proxy.

I, of
certify that the above instrument appointing a proxy was completed by me in the presence of and at the request of the person appointing the proxy and read to him or her before he or she signed or marked the instrument.

Dated:

Signature of Witness:

Description:

Place of Residence:

* Strike out if inapplicable

(1) If a firm, strike out "I" and set out the full name of the firm.

(2) Insert the name, address and description of the person appointed