



Notice of Meeting

TO: The beneficial owners in the Chadwick Family Trust and Tamarunui Maori Township K2 Trust lands consisting of:

Taumarunui Based	Hastings Based
Hohotaka 2G	Karamu H1B5B
Manunui A16	Te Puinga 4B1
Waituhi Kuratau 4B2A2	Rotopounamu 1B4
Taumarunui Maori Township K2 (various land blocks)	Rotopounamu 1C3 – Te Poa Tuhaha
	Rotopounamu 1B2B2
	296 Farndon Road Clive – Ahere Te Koari

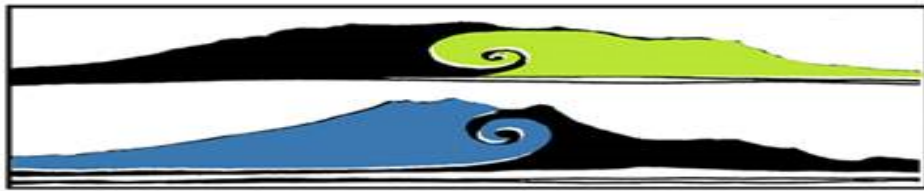
The **Annual General Meeting** for these blocks is to be held at **Maniaiti Marae, State Highway 41, Ngapuke** Saturday 21st November 2020 commencing at 10.00am (cup of tea will be provided at 9.30 with lunch at conclusion of AGM).

The order of business will be:

1. Apologies
2. Proxies
3. Minutes of the last Annual General Meeting held at **Kohupatiki Marae, Kohupatiki Road, Clive Saturday 23rd November 2019** and their confirmation
4. Key Reports and their adoption
 - Chairman
 - Farm Manager
5. Summary Financial report, commentary and financial statements, and their adoption
 - Chadwick Family Trust
 - Hohotaka 2G Trust
 - Manunui A16 Trust
 - Taumarunui Maori Township K2 Trust
 - Chadwick Forest Partnership
6. Any Other Business
7. Shareholder contact details update

Closure of Meeting

Margaret McGuire, Chairman



CHADWICK FAMILY TRUST

Proxy Voter Form For Chadwick Family Trust and Taumarunui Maori Township K2 Trust

I (Name) _____

Being a beneficial owner of (Trust Name) _____

Hereby Appoint (Proxy Voters Name) _____

("Proxy Voter") to be my Proxy Voter at the General or Special Meeting ('Meeting') of Beneficial Owners to take place on:

Date: Saturday 21st November 2020

Where: Maniaiti Marae, State Highway 41, Ngapuke

I direct my Proxy Voter to:

1. Vote as he or she decides;
2. Vote for/against Resolution(s) (specify) proposed for determination at the meeting.

Dated: _____ day of _____ 20_____

Signed: Signature of Owner: _____

This Proxy has been signed by me in the presence of a (circle one):

- Solicitor
- Justice of the Peace
- Registered Medical Practitioner
- Officiating Minister
- Registered Nurse
- School Teacher
- Officer of the Ministry of Justice
- Chartered or Registered Accountant

Name of Witness: _____

Signature of Witness: _____

IF YOU ARE UNABLE TO ATTEND THE MEETING AND WOULD LIKE A COPY OF THE ANNUAL MEETING REPORT SENT TO YOU PLEASE INDICATE BY TICKING THE BOX

Return to: Chadwick Family Trust, C/-Epplett & Co Ltd, PO Box 1478, Hastings or chadwick@epplett.co.nz