

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 TRANSFERRED			
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 TRANSFEROR IN THE PRESENCE OF			
_____ Signature of Witness Name of Witness (please print)		_____ Signature of Transferor (Seller) Name (please print)	
_____ Address			
SIGNED BY THE TRANSFEROR IN THE PRESENCE OF			
_____ Signature of Witness Name of Witness (please print)		_____ Signature of Transferor (Seller) Name (please print)	
_____ Address			
SIGNED BY THE TRANSFEREE IN THE PRESENCE OF			
_____ Signature of Witness Name of Witness (please print)		_____ Signature of Transferee (Purchaser) Name (please print)	
_____ Address			
SIGNED BY THE TRANSFEREE IN THE PRESENCE OF			
_____ Signature of Witness Name of Witness (please print)		_____ Signature of Transferee (Purchaser) Name (please print)	
_____ Address			
SIGNED BY THE TRANSFEREE IN THE PRESENCE OF			
_____ Signature of Witness Name of Witness (please print)		_____ Signature of Transferee (Purchaser) Name (please print)	
_____ Address			

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